CHEMIST & DRUGGIST

The newsweekly for pharmacy

December 5, 1987

a Benn publication

Generic firms to take OPD initiative

Astill proposes pharmacy 'satellites' to sell medicines

Essex LPC gets White Paper first hand

NPA's Mike King moves to PSNC

Douglas Low new NAPD chairman

Advances in therapy, 1987

PAGB surveys OTC medicine usage

Patient records: a customer attraction



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N.B. NO PURCHASE NECESSARY

1. What is the main component of the new Kodak Ultralife power cell?
A. Lithium B. Alkaline
C. Zinc Carbon

2. What free product is offered in the current Kodak battery consumer promotion?
A. Fairy Lights B. Toy bunny
C. Pifco torch

3. Of what international sporting event is Kodak the official battery?
A. The Olympics
B. The World Cup C. The Ashes

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1. The winner will be the first correct entry drawn from the postbag.
2. The prize will be for two persons and consists of return travel to London, 2 nights at a luxury-class hotel, chauffeur-driven limousine to Harrods, tickets to a London theatre and a £1000 Harrods gift voucher.
3. The prize is non-negotiable and must be taken by 31 March 1988.
4. Competition is open to retailers and their employees resident in the U.K. only.
5. Closing date for receipt of entries is 31.12.87.
6. Winner will be notified by 8.1.88.
7. The name of the winner will be available from the competition address after 8.1.88.



ENTRY FORM Mark the letters representing your answers in the appropriate boxes, complete this form and send it to: R. Shepherd, Ultra Technologies, Kodak Ltd., P.O. Box 66, Station Road, Hemel Hempstead, Herts HP1 1JU.

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Local Wholesaler's Name: _____

Please send me details of Kodak batteries ☐ Please tick

CD 2

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COMMENT

Last week Beecham and the Proprietary Association of Great Britain were both fortunate in having arranged conferences or received publicity immediately after publication of the White Paper on primary health care. Perhaps PAGB director John Wells consulted a fortune teller before commissioning a survey in 1985 on how the public treats minor ailments. With the full results of the survey available on December 11, and with consultation on medicine categories flagged in the White Paper, its facts on OTC medicine usage should prove invaluable to the industry.

However, although the research was independent, some of the results almost seem too good to be true for the industry. But with the Government firmly committed to better use of its health resources, it will not be unhappy to hear that the public deals adequately with minor ailments. Perhaps PAGB



members might consider spending less on brand advertising (launches are said to cost around £5m, with the survey showing television advertising has little influence on purchase decision), and more on the type of generic campaign such as that run by the NPA.

The copy line: "Ask your pharmacist which medicine matches your symptoms," in an advertisement that gave an indication of which ailments could be treated with P or GSL medicines, should carry weight. As a *Financial Times* article reviewing Beecham Health Care's attitude to "do-it-yourself" medicines commented: ". . . an unusual combination of official intervention and industry marketing will increasingly divert the ailing in the direction of the pharmacist."

That traffic through pharmacies would effectively increase if Tim Astill's idea of pharmacy controlled medicine depots (see p1138) is taken up. The controls would have to be comprehensive but there may be the opportunity to include such thinking in the supervision/legislation dialogue between the profession and Government anticipated in the White Paper.

Meantime pharmacists would do well to take to heart from the overriding message of the PAGB seminar (p1138), that they are *the* source of OTC medicines and which advice. They must make the most of that opportunity through the best possible display of product and knowledge. And they must do it now!

Generic manufacturers pushing for OPD

New initiatives on original pack dispensing appear likely to come from generic manufacturers, rather than proprietary companies.

Speaking at the Essex Local Pharmaceutical Committee Conference in Chelmsford last Sunday, Mr John Baseley, group distribution director, Macarthys, said that any OPD activity from generic companies would stimulate brand manufacturers, whose own initiatives are deadlocked, to follow.

Mr Allan Cambridge of Evans Medical, who chairs the Association of the British Pharmaceutical Industry's standard formulary medicines committee, told *C&D* that new initiatives were coming from generic manufacturers, with the full knowledge of the rest of the ABPI. "We have wanted to get this off the ground as quickly as possible, particularly in light of next year's Consumer Protection Act and its product liability implications."

Where a brand was already in original packs, generic manufacturers would be following those pack sizes. Where brands are not in OPDs, discussions on pack size were taking place and were going well, Mr Cambridge said.

Generic companies were looking towards packs of 30 days treatment — although there may be a limitation on large packs to 100 or 120 tablets. Units of 10 are more convenient for both UK and export market requirements. Acute medicine packs might be five, seven or ten days supply as appropriate. Package insert leaflets are also being considered.

Other obstacles that have yet to be resolved include the speed of getting product licence variations through the DHSS, and the method of reimbursement. OPD and existing packs will obviously co-exist for a time, and the generic manufacturers would like Drug Tariff prices to be agreed before OPD products are launched.

Mr Cambridge says the ABPI will be consulting with the DHSS, Pharmaceutical Society and doctors' representatives on prescribing matters. He himself is happy with progress.

Deadlock again on hospital pay

The two sides in the hospital pharmacist pay negotiations are still "a long way apart".

At a six-hour Joint Whitley Council meeting on Tuesday, an offer of 5 per cent backdated to April 1, with an average of a further 3 per cent conditional on acceptance of a flexible grading structure, was rejected by the Guild of Hospital Pharmacists (staff side) negotiators.

Staff side secretary Dr David Bird told *C&D:* "We are mandated not to link pay and flexible grading; in any case, the grading structure proposed was management's, not the Guild's. Secondly, even with the added 3 per cent, the offer is not enough, and still less than other health groups got without strings. Thirdly, the distribution of the 3 per cent was unacceptable."

Dr Bird said a ballot on the offer would be "totally counterproductive." The Guild is to seek the views of its members on the next move. The process is expected to take a couple of months.

SK&F want data on Tagamet back

Smith, Kline & French last week asked the High Court to order the DHSS licensing authority to produce documents relating to its confidential research on Tagamet.

The company wants to ban health officials from looking at its research when considering applications to produce generic cimetidine. In the application to Mr Justice Henry, Mr Jeremy Lever, QC for SK&F, said the company was the inventor and holder of patents for cimetidine. Product licences were granted to SK&F for a number of formulations dating from 1977.

Counsel said SK&F patents would become subject to patent licence rights in March next year. Generics UK and Harris had already applied to the licensing authority for patent licences for cimetidine.

In 1976 SK&F had filed over 1,300 pages of highly confidential technical data to the licensing authority and it was this information they were seeking to protect.

The action continues.

No problems for Health Bill?

Despite criticism from some prominent Conservative backbenchers, Ministers remain confident they will have little difficult in securing approval for the introduction of charges for sight tests and dental examinations.

The measure authorising the charges, the Health and Medicines Bill, is due to receive its second reading in the Commons on Monday.

Labour and the other minority parties are opposed to the new charges and Conservative critics — including Dame Jill Knight, chairman of the party's backbench Health Committee — will get plenty of encouragement from the Opposition benches. Dame Jill has already served notice that she intends tabling amendments to delete the clause empowering the imposition of the fees when the Bill enters its committee stage.

Replying to questions about the Government's attitude to an expanded role for pharmacies, Health Minister Tony Newton said proposals under consideration included ways of providing for them and opticians "to make domiciliary visits to the housebound, which is undoubtedly a gap in present facilities". He told Mr Ronald Fearn (Lib) that there was no reason to suppose that pressure from drug companies would influence the advice given by pharmacists to their patients.

He explained: "We have been strongly pressed by pharmacists who are an important part of the primary health care professions, to help them extend their role in advising people about health matters. They constitute a large range of outlets, with many people going to them frequently. We think that it is a sensible use of resources to encourage pharmacists to use that asset in the interests of health education generally". There were no plans to alter rural dispensing arrangements.

Mr Nigel Lawson, the Chancellor of the Exchequer, refused to be drawn into making a specific statement when urged by Dr John Marek, a Labour Treasury spokesman, to "have mercy on the British public and the NHS" by promising not to impose VAT on drugs and medicines. Mr Lawson recalled that the Government had made a number of pledges during the general election campaign which would be honoured. "As for any other matters, we shall stick to the convention, which I think is right, that statements are made at the time of the Budget and at no other time".

Only money needs resolving, says PGC

Pharmaceutical General Council chairman Ian Mullen has welcomed the Government's proposals on greater cost effectiveness and patient care efficiency in last week's White Paper.

Scottish pharmacists are ready to implement the proposals now, he said. "The only significant point to be resolved is how and when the Government will release the necessary funding. We urge them to act speedily."

Pharmacy has already made the necessary changes to accommodate the proposals, and the new contract and the limited list have released money which must be used to implement additional services quickly, said Mr Mullen.

While the PGC Standing Committee welcomed the proposed extension of services to residential homes, it was considered vital for the PGC to be included in the decision how the proposed allowance should be administered. The Committee supported the idea of patient records for high risk groups and suggested the technology was already in place.

Funding for continuing education should be reviewed, but the PGC welcomed the proposal to increase expense allowances for pharmacists attending courses.

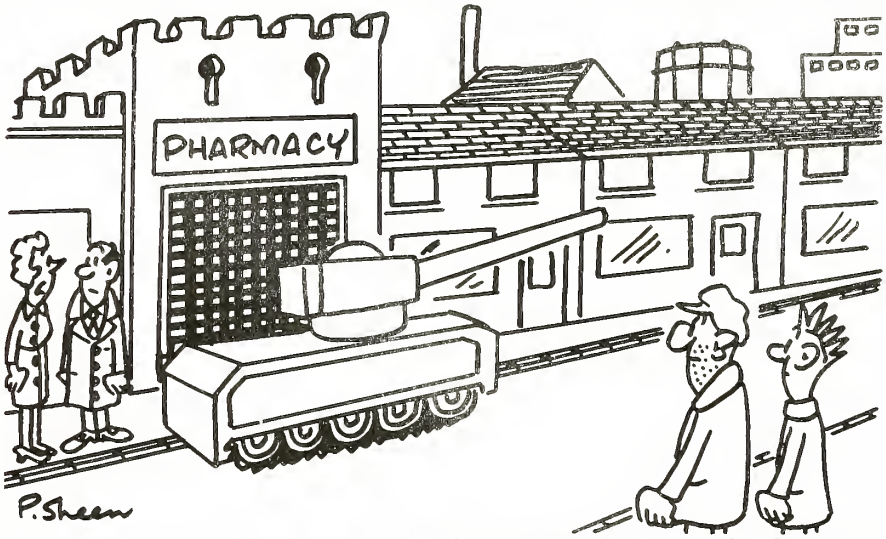
Mr Mullen said the problem of deprivation in Scotland was not so much in the inner cities as on their peripheries. "We need to identify specific areas that need attention," he said.

"As far as nurse prescribing is concerned, we support the principle but want to be involved in the discussion on the products and the mechanism for prescribing," said Mr Mullen.

CPP 'full role'

The White Paper recognises the position of pharmacists both in health promotion and in additional services to the community, says the College of Pharmacy Practice.

The College says it will play a full role in the expansion of continuing education not only to the pharmacist but also to others in the health care team. The Government's decision to fund research provides an excellent opportunity for development in this area.



"I know you've got an inner city grant for improving security, but haven't you gone a bit too far?"

Plans for the rest . . .

While the White Paper is relatively positive about the future role pharmacy can play in health care, other professions are likely to be less happy with Government plans for them.

The White Paper proposes for doctors:

- A specific allowance to encourage health checks for new patients
- Incentives to reach target levels of screening and vaccination
- Tightened criteria for payments of basic practice allowance — more patients, more surgery hours, with payment depending on levels of health promotion and prevention work
- Changed remuneration structure to encourage regular checks on the elderly
- Additional support for GP staff costs
- Changed practice purchase arrangements to make maximum use of GPs, but tightening the qualifications for the basic practice allowance means they will be encouraged to spend more time with their patients.
- Give consumers more information about doctors and their services
- Make it easier to change doctors
- Compulsory retirement at 70
- End to 24 hour retirement, whereby doctors over 65 can retire, claim pension and return to practice a day later

For dentists:

- Changes in contract to place greater emphasis on prevention
- Moves towards more rational distribution with assistance towards establishing practices in designated areas
- Compulsory retirement age

For opticians:

- Strengthening of consumers' rights giving the right to receive a prescription following a sight test
- To discuss the provision of a domiciliary sight testing service for the housebound

For community nurses:

- To consult on nurse prescribing of certain items
- Support the development of training courses for practice nurses

'No shops' good news, says Smith

The Government's decision, revealed in last week's White Paper, to shelve the idea of health care shops has been welcomed by PSNC chief executive Alan Smith.

The proposal received little support during the consultation period. The Government is to look further at the "feasibility of an integrated approach to service provision."

Mr Smith supports extra funding for the family practitioner services, to help them carry out their wider responsibilities. He says it is difficult to see how increasing the capitation fee will improve efficiency

Mr Smith says he is delighted to see the new allowances promised for visiting residential homes and keeping prescription records, but hopes that funds for drug and therapeutic committees would be made available as soon as possible, bearing in mind that drug costs are the largest part of an FPC's budget.

The General Medical Services Committee has rejected the idea of using coloured prescription forms for Controlled Drugs as a means of reducing theft. The GMSC says coloured FP10s would make GPs more vulnerable to break-ins and that it would be inconvenient to have to carry around two sets of forms.

DTB support for generics

An increase in generic prescribing which could save the NHS around £100m per year is called for in this week's *Drug and Therapeutics Bulletin*.

In addition to cutting the drugs bill, exclusive use of a single name for a drug would reduce confusion, and avoid the simultaneous prescribing of the same drug for a patient by two different prescribers, says the *DTB*. Generic names also give some indication of a drug's pharmacology, and are widely used in undergraduate and postgraduate teaching and in the majority of scientific and medical journals, it continues.

The disadvantages centre around concerns for the quality of drugs dispensed, says the DTB. It points out that much of the evidence for inferior products is anecdotal and the extent of the problem is not known. It proposes an independent quality control scheme.

The Bulletin is more concerned with the difficulties of "sourcing" dispensed generics, and says that with new legislation on product liability imminent, pharmacists and dispensing doctors must keep records of their generic supplies: labels should readily identify source.

Differences in the appearance of some generics and in the excipients used in formulation may also create problems, but on the whole, the advantages outweigh disadvantages, concludes the *DTB*.

In the year ending February 1987, 36 per cent of prescriptions in England and Wales were written for generics. This was twice the number written in 1985, and that increase was largely due to the introduction of the limited list.

Cold comfort

Hopes for a breakthrough in the search for a cure for the common cold comes at the same time as news that the Common Cold Research Unit at Salisbury is to close after 40 years.

The Medical Research Council has decided that the £500,000 a year it costs to run the unit could be better spent. Funding will stop when the present director, Dr David Tyrrell, retires in 1990.

Meanwhile researchers there are reporting success with a Janssen anti-viral drug, R61 837, against the rhinovirus, one of the major causes of a cold.



Staff at Numark wholesaler E.H. Butler & Son raised £407.50 in a raffle at their Christmas party which the company doubled to make £815. Development manager, Mike Callus presents a £500 cheque plus the teddy bears to Kathy Bird, nursing officer of the neo-natal unit at Leicester Royal Infirmary. The balance went to BBC's "Childred in need" appeal

JBPA call for oral exam for pre-reg students

The Joint Boots Pharmacists Association agrees with the Pharmaceutical Society's proposal of a test of competence at the end of the pre-registration year, but says a multiple choice paper would be inadequate without continuous assessment.

In its response to the PSGB's working party report on education and training, the JBPA says it accepts it subject to some amendments. It would like to see the test of competence at the end of the pre-registration year take the form of an oral exam for areas such as communication skills and professional attitudes. The cost of the exam should be reflected in fees paid by graduates to the Society.

The split experience during pre-registration is accepted as a long term aim But the short term solution of spending the year between community and hospital pharmacy is not felt to be viable at the moment because of the limited number of hospital places.

The JBPA concludes its response by saying that the changes and recommendations for the pre-registration year should be implemented as a single package.

Pertussis defended

A consultant to the Wellcome Foundation told the High Court in London that the whooping cough vaccine had been "grossly maligned", and that he felt it was his duty to promote it.

Dr Arlwyn Griffith told Mr Justice Stuart-Smith that since 1974, when there had been widespread criticism of the vaccine, he had been concerned to defend Wellcome against suggestions that the vaccine could cause brain damage.

Dr Griffith was giving evidence for the Wellcome Foundation in a test case to decide whether the vaccine can cause brain damage.

In their damages action, Maura and Harold Loveday, of Hackney, are sueing Dr George Renton, who administered Pertussis vaccine to their adopted baby daughter Susan, now 17. The Wellcome Foundation has been joined as a defendant to argue the case against them.

Cross-examined by Mr Stanley Brodie, QC, for the Lovedays, Dr Griffith said his view was that most of the reported cases of brain damage in which the alleged cause was Pertussis vaccine could be explained away by other causes, and there was insufficient evidence in those cases which could not be so explained away to indicate that the vaccine was reponsible.

Current advice on the use of oral contraceptives will remain unchanged despite the findings of a new UK study which suggests a link between their use and breast cancer. The CSM and the FPA say they see no reason to change prescribing practice or consumer advice regarding low dose combined OCs or progestogen only pills. The study in the *British Journal of Cancer* has received widespread Press coverage.

TOPICAL REFLECTIONS

by Xrayser

Insulin update

C&D has clarified with manufacturers which types of insulin they are able to supply.

From January 1, Nordisk/Wellcome are ceasing to sell purified bovine insulin. The following human insulins will be available: Velosulin, Initard 50/50, Mixtard and Insulatard, together with pork-Velosulin, Initard 50/50, Mixtard 30/70 and Insulatard.

The Hypurin range of highly purified bovine insulins will continue to be available from CP Pharmaceuticals Ltd. Hypurin equates to other bovine insulins.

Evans Medical Ltd can also supply three highly purified bovine insulins — neutral, lente and isophane.

Novo produce five human insulins — Actrapid, Monotard, Protaphane, Actraphane and Ultratard, two pork and beef — Lentard MC and Rapitard MC, and one pork — Semitard MC.

Boots ceased manufacturing beef insulins two years ago. Lilly also manufacture human insulins.

Lawyers' pay cut

People seeking damages for injuries allegedly caused by Opren are likely to receive less in compensation than their lawyers will be paid in fees, according to *The Guardian* this week.

"Sources close to the negotiations believe that Eli Lilly will offer a total of just over £2m to 1,200 people, most of them elderly, who have battled for five years to prove that they were injured", says the article. That means that on average each claimant would receive less than £2,000. However it is understood, that the victims' lawyers, who have run up costs and fees estimated at £4m, will be paid by Lilly.

VLCDs under fire

Very low calorie diets (VLCD) came under attack again this week as the *Daily Express* reported yet more leaks from the long-awaited Government COMA report.

The Committee on the Medical Aspects of Food is expected to warn the three million people on these diets that they may be endangering their health. Last week the BBC screened "The Perfect Diet" which looked at the marketing in America of the Cambridge diet, which allows a daily intake of 330 calories. The BBC successfully appealed against an injunction banning the broadcast.

A matter of vision

Tony Newton has written a personal letter to me. But not just me — to all practitioners. The letter is accompanied by a booklet printed on expensive paper, which, if we assume 60,000 contractors to the NHS as a whole, must have cost a packet. It says there is strong support for the Government objectives of:

1. Making primary care more responsive to consumer needs, and raising the quality and quantity of services.
2. Promoting health, and preventing illness.
3. Improving value for money.

I don't think anyone could disagree with such admirable aims. What many must find strange, however, is the newly acknowledged position of GPs as "favoured profession".

There are to be yet more payments for our colleagues in the form of incentives to achieve targets, like vaccinations, 'flu jabs, etc, for which the existing payments, especially when coupled with direct purchases currently available, produce immediate and handsome profits. I have heared of a surgery which ran a 'flu clinic recently for 1,000 patients. I am amazed that so many of their perhaps 6,000 odd patients could be at risk. But whatever the ideal target, the profit can be calculated.

Dispensing fee? £0.70 (up to 300 per month) £0.69 (300-600 per month); over 600, £0.61 each. So on 1,000 it gives at minimum £610. On top of that is the container allowance of 3.8p each. Which brings in a nice £38 "armful". And then the profit on the cost of the vaccine — 10.5 per cent on list price. Now, as you know, the deals offered to GPs certainly give a 15 per cent discount off list.

For example, the price of the 'flu vaccine I buy is £4.55 each; 1,000 would cost £4,550, less 15 per cent gives £682.50 profit. Add to that their 10.5 per cent oncost of around £455 and you get a profit of £1,749 on a morning's work for say, three nurses. Doesn't look to bad to me! Do they need an extra incentive?

Also, I note they are to receive help in the further development of information and communcation technology and computerisation in primary care. However, I would not quarrel with a payment for GPs who give an initial examination and assessment of new patients accepted onto their list, since it would at least ensure the patient is seen and a contact established to work from in future. And I like the idea of allowances to be made conditional on regular continued further education too.

But what I don't grasp is why we are ignored — so far as allowances or incentivs are concerned as a parallel profession with exactly the same needs to maintain our education. Why are we to be encouraged to enhance our service to the community by attending the homes of patients, if necessary, without there being any recognition that our time is also of value? Why are we to be encouraged to maintain selected patients records — which necessarily must incur capital expense in computer capacity, and professional time — but are given no tangible recognition for it.

We are to get no improvement grants, yet must give greater display and consulting space to non-profit making, professional activities as we move to change our roles to be of greater value to the community. The talk is of encouragement but the reality is just empty words. And there is the added gall of seeing our GP colleagues being paid for minor modifications in their routines.

Counter records

A couple of weeks ago I asked if anyone had experience of running simple counter prescribing records. I had one reply from a pharmacy, which I can only assume has more time and dedication than I.

They maintain, what is effectively a prescription book, where they list patient name and address, product given, size, dose, and batch number where applicable. They also add counter prescribed products to the patient's medication card record. From which I assume they keep separate patient record cards. Phew! I'm impressed. In a very human comment they said. "Even though locums are made aware of the book, not all are prepared to make the relevant entry, so records are sometimes incomplete". Top marks to S.S. Parker Ltd, South Harrow.

Quite honestly, I'm not willing to do what they do, unless there is a factor in our contract to reflect the work involved. What I had in mind was much simpler: merely a named patient record of counter sales following consultation with the pharmacist. The work in cross referencing what they do with card indexed patient prescription records is too daunting.

Nick would — Nick does!

I can't say how much I enjoyed reading about how Nick Wood (for whom I voted) runs his pharmacy — I stop short lest I embarrass him. But I have to say it is a pleasure to think we have a community pharmacist on Council who thinks, and actually works as he does. Well done!

Training: could do better?

In your issue of November 14, p971 you report some comments of mine about more training going on in community pharmacists under the headline: "Staff training on the increase". I should not like any of your readers to think that we are at all complacent, nor would I wish pharmacists themselves to become less diligent in their training efforts so may I make one or two comments.

My personal experiences as a customer in retail pharmacies are far from satisfactory. I realise that this is anecdotal evidence and so not statistically significant, but I believe there is still much to be done to improve the selling skills, levels of attentiveness, attitudes to customers and product knowledge among pharmacy personnel at all levels (including proprietors!).

We are doing all we can to encourage the upward trend. As you reported, we have distributed our Staff Training Manual free to all member pharmacies. Following that there has be a dramatic increase in the requests from NPA members for the task sheets which enable trainees to relate the Manual to the stock and procedures in their own pharmacies. I am pleased to be able to let you know that Merrell Dow have agreed to award a monthly prize to the trainee who submits the best set of task sheets to us for certification in each month.

Our Dispensing Technicians Course is again in great demand; there has been an increase in those enrolling on the course for each of the last four years.

The final encouraging note was to be found in the survey reported in last week's *Chemist & Druggist* and widely quoted elsewhere, including the national press. In a wide-ranging consumer survey the public voted chemists top of the league for service. But then, they should be shouldn't they?

A.M. Benson
Training development officer NPA

Check Mate!

May I suggest that the idea for the current "Mates" advertisement stems from Mr Branson's embarrassment when, as a youth, he was faced with the challenge of buying a packet of condoms. Perhaps he only managed to purchase the cotton wool.

We need look no further. Now we all know why he called his company Virgin, or do we?

R.H. Bicknell
Brierley Hill, W. Midlands



Surrey pharmacist, Sunill Patel (right) receives a £20,000 cheque from the Unichem money makers promotion at a presentation at Unichem's headquarters in Chessington. With Mr Patel are his wife Yogina and Tony Foreman, Unichem's general sales manager

Service now, money later, no way!

I am glad that David Sharpe finds Tony Newton amusing (*C&D*, November 21, p1024). He can afford to, now he's relinquished his NHS contract. But what about the contractors he's supposed to represent as PSNC chairman?

Mr Newton's speech merely adds to Nuffield and now the so-called "Patients Charter". All those ideas are fine — on paper; but only those with rose-tinted spectacles can honestly believe that we will be paid for these new services. Mrs Currie has already made dark suggestions about new services now, money later, perhaps.

We can all see how this Government regards the NHS — we only need to look at the plight of our hospital colleagues. Consulting areas, domicilliary visits, 24 hour service, patient records, in-pharmacy automatic prescription pricing: all these are going to cost contractors money. Once again we are being asked to do more, effectively for less.

Nuffield, Patients Charter, Health White Paper, call it what you will, I for one want nothing to do with it until I've seen the colour of the Government's money.

J.P. Maxey
Waltham Cross, Herts



Mr Gordon Cooper, (Reckitt and Colman's territory manager) presents a portable television to Mr S. Houghton, winner for the Lancashire area of the Reckitt & Colman Disprin competition. Entrants had to identify indications for Disprin

Thai golfing

If any pharmacist or friend would like a wonderful golfing holiday in Thailand for 14 days, playing a minimum of 6 days from a choice of splendid golf courses — including the luxurious Siam Country Club, near Pattaya — I have full details of this very reasonable package. All golf equipment, fees, caddies and transport in Thailand are free. Further details from Alan G. Spinks, Northtown Pharmacy Ltd, 45 Caister Road, Great Yarmouth, Norfolk NR30 4DA.

Alan Spinks
Great Yarmouth

Hepatitis hitch

Under the title "Prevention best for hepatitis", (*C&D* October 31 p896) you recently reported from the Guild of Hospital Pharmacists Day Symposium that a genetically engineered hepatitis B antigen expressed in yeast was licensed in the UK in August.

This was indeed the case but the price for this vaccine Engerix B from Smith Kline & French was wrongly represented as £13 per dose. In fact, Engerix B was launched at £10.50 per dose, a cost which was less than half that of the plasma derived vaccine already available.

Geraldine Coulson
Engerix B product manager
Smith Kline & French

Ferring launch Desmospray

Ferring Pharmaceuticals are launching Desmospray, an addition to their range of DDAVP/Desmopressin products.

Desmospray is supplied in 5ml vials in a metered dose atomiser pack which delivers 10 micrograms of Desmopressin. Many patients will find the new presentation more convenient than the older DDAVP intranasal products says the company, but where a dose of less than 10 mcg is needed the original product is preferable. Because of this need for dosage flexibility the intranasal products will continue to be available.

Ferring expect approval for additional indications for Desmospray soon.

Manufacturer Ferring Pharmaceuticals Ltd, 11 Mount Road, Feltham, Middlesex TW13 6JG.
Description Metered dose pre-compression atomiser delivering 10mcg Desmopressin per spray.
Uses Desmospray is indicated for the diagnosis and treatment of vasopressin sensitive cranial diabetes insipidus, and may also be used to establish renal concentration capacity.
Dosage *Diabetes insipidus* clinical experience has shown that the average maintenance dose in adults and children is one or two sprays (10 or 20mcg) once or twice daily. If two sprays are required one should be taken in each nostril. For the diagnosis of diabetes insipidus in adults and children the dose is two sprays (20mcg). *Renal Function tests; adults* two sprays in each nostril (40mcg); *children* (1-15 years) one spray in each nostril (20mcg); *infants* (to one year) one spray (10mcg). For full details see Data Sheet
Contraindications No contraindications have yet been established but Desmospray should be given with caution to pregnant women, although its oxytocic effect is very low. Care should be taken with patients who have reduced renal function and/or cardiovascular disease

Precautions Following the diagnosis testing of diabetes insipidus or renal concentration, care should be taken to prevent fluid overload. See Data Sheet
Pharmaceutical precautions Desmospray should be stored in the refrigerator at 4°C to 8°C
Supply restrictions Prescription only
Packs 5ml bottle

Further information Children requiring less than 10mcg should use DDAVP/ Desmopressin intranasal solution which uses a small calibrated catheter to administer doses of 5 to 20mcg
Product licence 3194/0024
Issued December 1987

Allen & Hanburys say they have altered the engraved codes on **Ventolin** tablets 2mg and 4mg, and on **Ventolin Spandets**. The new codes on the tablets read AH/1K and AH/2K while the code on the spandets is AH/4K. *Allen & Hanburys Ltd, Greenford, Middlesex UB6 0HB.*

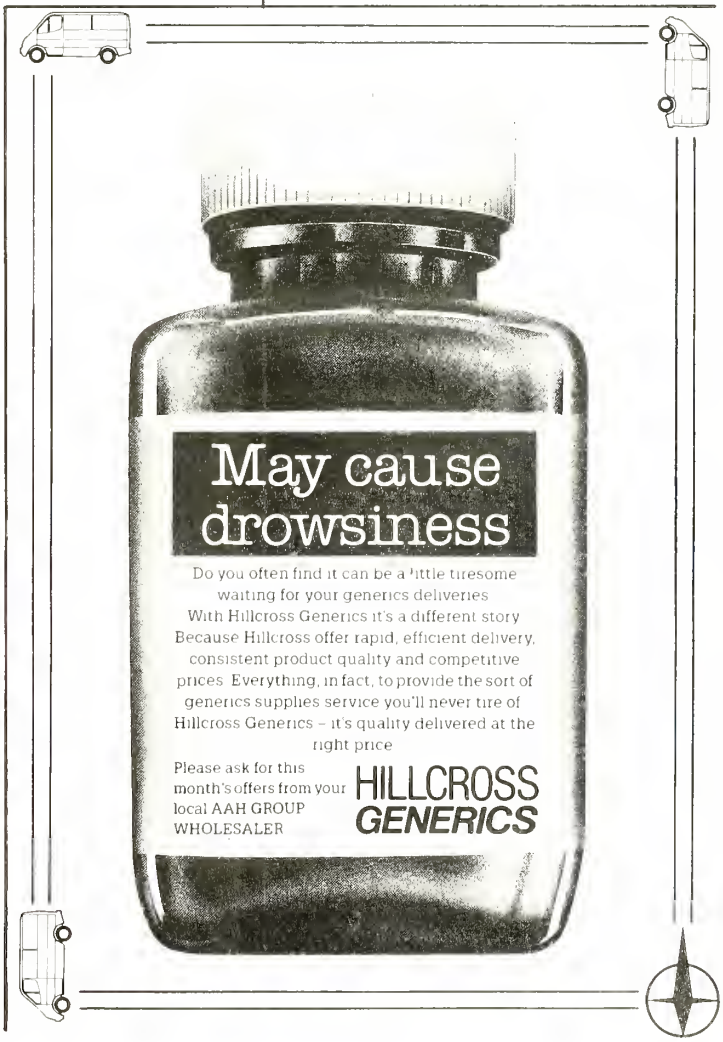
CP Pharmaceuticals are introducing OPD packs of **Chendol** (chenodeoxycholic acid) to provide 28 days treatment per pack. The brand name has also been modified to Chendol 250 for the 250mg tablets, and Chendol 125 for the 125mg capsules. *CP Pharmaceuticals Ltd, Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd LL13 9PX.*

Nycomed (UK) say they are applying to the Department of Health for a product licence for their artificial saliva substitute **Saliva Orthana**, made from gastric mucin. *Nycomed (UK) Ltd, 211 Coventry Road, Sheldon, Birmingham B26 3EA.*

Beecham Research say that the **Bactroban** ointment 15g tube is now sealed by a blind-end. *Beecham Research, Beecham House, Brentford, Middlesex TW8 9BD.*



Pharmacist Tony Showman wins £1,350 in Merrell Dow's Merocets Summer display competition which 300 pharmacies took part in. Mr Showman is pictured here third from left receiving his prize from Merrell Dow's managing director Mr T.R. Irwin. Also pictured are pharmacist Susan Richards, manageress Showman's Pharmacy in Leigh, Lancashire, the winning store, George Wood (left), North Western sales manager, and Richard Holmes (far right), senior representative who is the winner of Merrell Dow's individual representative prize.



Beechams splash out for Winter

Beecham Health Care start their Winter advertising campaign this week.

The Beechams Powders range appears in a new commercial, for both traditional Beechams Powders and Beechams Powders capsules, with the £1.5m national television campaign just breaking.

Veno's will be backed by £1.5m in television advertising, starting on December 21, and running through to February. A new television commercial is being launched which highlights the product improvements for Veno's expectorant, improved flavour for Antitussive and no artificial colour in Veno's honey and lemon. Veno's night-time for children will appear in a separate advertisement.

Press advertising will support Mac extra during January, with a £250,000 spend concentrated in national.

The hot remedies range is also being supported with a £1.5m television campaign, featuring a completely new commercial breaking this week, and covering all three flavours. *Beecham Health Care, Beecham House, Great West Road, Brentford, Middx.*

Hypo-activity

Diabetic Care Ltd say they will now supply pharmacies with Hypostop (£1.85), a dextrose gel which can be used as an alternative treatment in hypoglycaemic episodes.

Hypostop contains dextrose 40 per cent (32g glucose) in each 80g crush-proof, water-proof applicator pack. Dosage instructions state that for a rapid increase in blood sugar levels one third of the contents should be taken (10g glucose) and this can be repeated after 10 minutes if required. The gel is applied into the space between the cheek and gums followed by gentle massaging of the cheek. *Diabetic Care Ltd, Lambourn House, 109A Wells Road, Malvern Wells, Worcs WR14 4PD.*

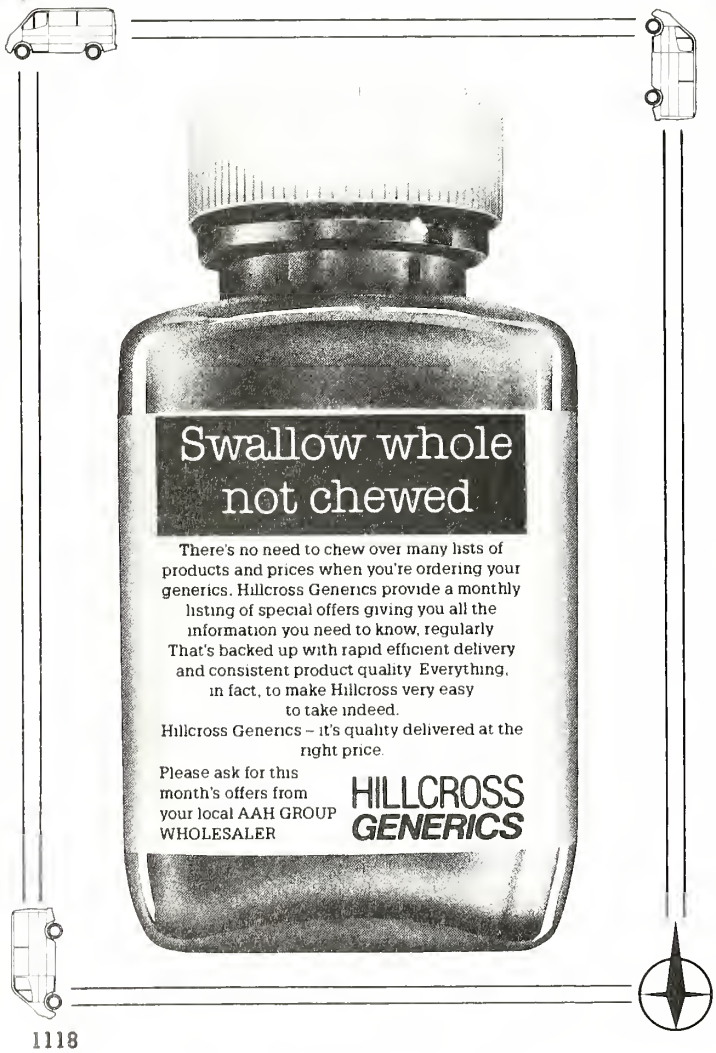
Honey and lemon for Throaties

Ernest Jackson & Co. are introducing Throaties Family Cough Linctus in honey and lemon flavour.

The recommended adult dose for a sore throat and tickly cough is two 5ml spoonfuls, three or four times daily, and half the adult dose for children. The linctus contains 0.025ml of ipecacuanha liquid extract and 0.25ml of glycerine in each 5ml dose together with nipasept sodium as preservative and flavouring. Each 100ml bottle retails at £1.15 and come shrink-wrapped in 12s.

The launch is being supported with Press advertising in conjunction with the current Winter campaign. *Ernest Jackson & Co Ltd, Crediton, Devon.*

Snow Mints now come in display outers of 24 sachets, featuring a skiing scene. *Ernest Jackson and Co Ltd, Credition, Devon.*



Listen with mother

Adam Leisure are introducing a range of up-market baby alarms in the New Year.

The Safe and Sound Baby Monitor (around £39) uses FM radiowaves, with a mains operated transmitter said to be able to pick up the slightest murmur from a child up to three metres away. The battery or mains operated portable receiver functions up to 100 metres from the transmitter.

Safe and Sound's Baby Listener (around £20) which uses the domestic ringmain to transmit baby sounds, is being updated to use one of the new frequencies being allocated by the Home Office, eliminating interference. The new transmitter includes a night light.

Coming in the Spring is the Safe and Sound automatic table lamp dimmer which works with a normal bedside lamp. The light can be programmed to remain on for five minutes to 45 minutes, at 15 per cent of its normal brightness. The unit (around £20) requires no direct wiring.

The Safe and Sound Child Alert Mat is a cotton covered pressure-sensitive mat, when a child stands on it a transmitter sends out a signal heard only by the Mobile Baby Monitor. The last three products will be available in Spring. *Adam Leisure Ltd, Adam House, Ripon Way, Harrogate, North Yorks HG1 2AU.*

Fisons take on M&B lines

May & Baker have announced that Fisons Consumer Healthcare are taking over distribution of the following products: Anthical, Anthisan, Avomine, Brolene drops, Brolene ointment and Brulidene. All orders should now be sent to Fisons Consumer Health, 12 Derby Road, Loughborough, Leics LE11 0BB, while technical orders should go to May & Baker medical information department, tel: 01-592 3060. *May & Baker Pharmaceuticals, Rainham Road South, Dagenham, Essex RM10 7XS.*



If the skin reacts – so can you

"...about 40 per cent of patients will suffer a skin complaint every year. The majority of these complaints are minor, self-limiting conditions and very well suited to self-medication. If effective dermatological agents, such as 1 per cent hydrocortisone, are made available (with appropriate patient education), a considerable reduction in patient morbidity and general practice workload might be achieved."

Rademaker M, Munro D. Mims Magazine 1 May 1986: 30-32.



Efcortelan P

Cream and Ointment containing hydrocortisone BP 1%

Glaxo
Leaders in topical steroid therapy

Product information

Presentation
Efcortelan P Cream and Ointment contain 1.0% Hydrocortisone BP.

Indications
For the treatment of irritant dermatitis, contact allergic dermatitis and insect bite reactions.

Dosage and administration
Use sparingly over a small area once or twice-a-day for a maximum period of 1 week.

Contra-indications
Do not use on the eyes or face, ano-genital region, or broken or infected skin. Do not use in pregnancy without medical advice.

Not recommended for use in children under 10 years of age without medical advice.

Product Licence numbers
Efcortelan P Cream 0004/0327
Efcortelan P Ointment 0004/0326

Product Licence holder
Glaxo Operations UK Limited
Greenford, Middlesex UB6 0HE

Further information on Efcortelan P (trade mark) is available on request from:
Glaxo Laboratories Limited
Greenford, Middlesex UB6 0HE

The Fastest Growing Babymilks.

Aptamil and Milumil are highly recommended and growing fast.

- More hospitals and clinics are now using Milupa babymilks than ever before.
- More retailers than ever are responding to consumer demand by stocking Milupa babymilks.
- Milupa babymilks grew by +92% in 1986.*

More and more mothers choose Milupa babymilks — and no wonder ...Milupa babymilks are as close to breastmilk as babymilk can be:-

First for Closeness
Taurine addition — another step closer to breastmilk.

First for Taste and Smell
Even the fussiest babies take to Milupa babymilks because the taste and smell is so pleasant.

First for Quality Assurance
Milupa's rigid quality control assures mothers of complete safety. Milupa not only conduct all the usual safety checks, but also screen for heavy metal contaminants and pesticides to an exceptionally high standard.

First for Convenience
Milupa's uniquely granulated babymilks are easy to measure and mix.

What's more, mothers go on to buy the comprehensive range of Milupa baby foods, rusks and drinks.

So grow with us. Stock the two Milupa babymilks Aptamil and Milumil.

Available in new 450g and 900g sizes. For further information, contact your wholesaler or us, direct, on 01-573 9966.

Milupa Babymilks. As close to breastmilk as babymilk can be.

IMPORTANT Breast milk is the best milk for a baby. A doctor, midwife, nurse or health visitor should be consulted for any advice needed. If a babymilk is used it is important for the baby's health that all preparation instructions are followed carefully.

milupa®

Babymilks

Aptamil® & Milumil®

Milupa Ltd., Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex, UB10 0NE.

*Independent Market Data. £ sales % change year on year.



milupa
Aptamil
Babymilk

For a gentle start to bottle feeding

milupa
Milumil
Babymilk

For satisfying bottle feeding



Allergy-tested nail polish

Richards and Appleby are introducing a range of allergy tested nail polishes called Hy-lite (11ml £1.79).

The company says the allergy tested claims of the Hy-lite formulation have been tested and endorsed by one of London's leading hospitals. The product is available in 12 shades.

There is a special dealer offer for the introduction of the range, which includes a trade discount and free counter display unit. *Richards and Appleby Ltd, Gerrard Place, Skelmersdale, Lancs WN8 9SF.*

Poison-ous ads?

Parfums Christian Dior are spending £1m on Christmas advertising this year, focusing on Poison.

Television advertisements will run across the network from this week, backed up by a women's Press campaign. And for the first time the perfume will appear in the national Press, with some advertisements linked to a sampling programme. *Parfums Christian Dior, Avis Way, Newhaven, East Sussex.*

Shulton use storylines

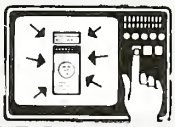
Shulton have just started their Christmas television advertising, with new commercials for Mandate, Blue Stratos and Pierre Cardin. The total spend is £6.5m.

Both Mandate and Blue Stratos feature in "storyline" commercials. The Mandate creative features the pop song "Missing You" and the Blue Stratos commercial uses "Blue Moon". Shulton general manager David Campbell says the advertisements are designed to get away from the "sex and sport" cliches of current male fragrance advertising.

New advertising for Pierre Cardin features the copyline "The last detail" and aimes to highlight the popularity of Pierre Cardin as a designer. The campaign combines television commercials and Press advertisements with scent strips.

The company is currently planning new treatments for Old Spice and Insignia, but in the meantime they will be supported by national television in the run-up to Christmas, with spends of £1.8m and £1.4m respectively. The Old Spice advertisements feature the gift wrap promotion. The brand will also be supported on the radio. *Shulton (Great Britain) Ltd, Shulton House, Alexander Court, Wokingham, Berks RG11 2SN.*

ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland (central)
B Border	G Granada	Y Yorkshire
C Central	A Anglia	HTV Wales & West
CTV Channel Islands	TSW South West	TVS South
LWT London Weekend	TTV Thames Television	TT Tyne Tees
C4 Channel 4	Bt TV-am	

Actifed:	All areas
Askit powders:	GTV,STV
Badedas:	All areas
Beecham hot lemon/honey & lemon and blackcurrant:	All areas
Beechams powders:	All areas
Benylin:	All areas
Braun D3 electric toothbrush:	All areas
Braun Linear 2000 & 3000 range:	All areas
Chloe:	STV,G,TVS,LWT,TTV,C4
Christian Dior Poison:	All areas
Clairol foot spa:	Y,C,A,TVS,LWT,TTV,TT
Clairol Heat Wraps:	G,Y,C,TVS,LWT,TTV
Clairol Wavelengths:	All areas
Durex:	C,A,TVS,LWT,TTV
Fiesta kitchen towels:	All areas
Hill's Balsam:	G,Y,TT
Karvol:	All areas
Kodak compact camera range:	STV,G,Y,C,LWT,TTV
Lipcote:	TT
Maalox Plus:	Y
Micromark torches:	All areas
Nurofen:	All areas
Peaudouce Babyslips:	Bt
Philips Ladyshave:	All areas
Philips softone collection:	STV,C,LWT,TTV
Philishave tracer:	All areas
Philips triplehead:	All areas
Poly's Colour Story:	C,TVS,LWT,TTV
Proflex capsules:	Y,G
Resolve:	LWT,Bt
Sanatogen:	All areas
Strepsils:	All areas
Triogesic:	Bt

Oris Beauty Products are bringing out a retail pack of After Epilady (100ml £4.95), a moisturising lotion for use after their Epilady electric depilatory. A sample of the product comes with the Epilady. *Oris Beauty Products, Osem House, 102 Brentwood Road, London N17 0DX.*

Soft lens disinfectant

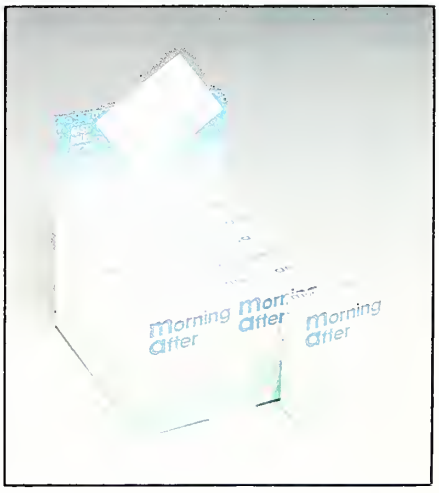
Oxysept is a new disinfecting system for soft contact lenses.

The lenses are first soaked in Oxysept 1, a solution of hydrogen peroxide, then transferred to Oxysept 2 which uses the catalase enzyme to neutralise excess peroxide. Both solutions may be used for 10 minutes or overnight, although catalase reduces residual peroxide in one minute, giving a wide safety margin in preventing stinging and discomfort. Both are preservative free (Oxysept 1 250ml, £2.80; Oxysept 2 25 × 15ml, £4.17). *Allergan Ltd, Turnpike Lane, Cressex Industrial Estate, High Wycombe, Bucks HP12 3NR. Distributors: Pharmagen Ltd, Church Road, Perry Barr, Birmingham B42 2LD.*

Evans relaunch Zefringe

Evans Medical are relaunching Zefringe as Zefringe morning-after relief.

The soluble analgesic contains paracetamol 800mg and caffeine 60mg in a sodium bicarbonate base. The recommended dosage for adults is one sachet every four hours if required. No more than four sachets should be taken in 24 hours, says the company. Zefringe is not to be given to children under 12. It has strong consumer loyalty in the North of England, say Evans.



Zefringe costs £0.95 for six sachets, and will be available through pharmacies only, although it is a GSL product. There is a special introductory offer through Evans representatives and POS material is available. *Evans Medical Ltd, 318 High Street, Dunstable, Beds LU6 1BE.*

NO MATCH



(But now with lots of sparkle)

Over 9 million people in Britain want to stop smoking. You the pharmacist, can help them by recommending Smokers Stoppers from Leo Laboratories.

- The only anti-smoking aid available OTC containing purified tobacco extract, being nationally advertised.
- In line with Leo's commitment, available exclusively from pharmacies. Stoppers can be sold by counter assistants.
- Competitively priced to the consumer (£1.55 per 30 lozenge pack) and a highly attractive bonus for you.
- Promoted for the first time ever by a powerful £300,000 advertising campaign breaking New Year's Eve and continuing throughout the year with topical advertising around peak periods of demand.
- Eye-catching, compact display outer containing free consumer information leaflets, designed for use at high traffic sites.
- Free pharmacist/counter assistant training guides to reflect your commitment to improving health.

Nothing can match the potential of Stoppers.* So order your stock now before the peak New Year sales period when all those resolutions are made - and take advantage of our free holiday offer.



RECOMMEND SMOKERS STOPPERS. YOU'LL BE GIVING GOOD ADVICE.

Contact your Leo Representative or the Order Department on 08444 7333.

*Trademark of the Stoppers Co Ltd

Smart girls carry Durex Gossamer.™

So do smart chemists.



Traditionally, the condom has been almost exclusively purchased and carried by men. Not so with the present unease about birth control and sexually transmitted diseases.

In fact, over the last two years the total number of women buying condoms has almost doubled.

New improved Durex Gossamer condoms have been designed specifically with the modern woman in mind. The distinctive new pack has been carefully researched and appeals to more feminine tastes.

New Gossamer provides extra re-assurance with increased thickness and a spermicidal lubricant containing Nonoxynol-9.

The launch of new Gossamer is supported by an in-store information leaflet, a free condom wallet promotion and national cinema and TV advertising support for Durex.

New Durex Gossamer: Just one line from the full range of Durex condoms. Products that have always stood for safer sex.

Together you're safer with durex

Durex and Gossamer are Trade Marks of LRC Products Ltd
A member of London International Group plc.
Durex Gossamer condoms are designed solely for vaginal intercourse. Used everytime you make love and in accordance with the manufacturer's instructions, they are a reliable and effective form of contraception. NB No method of contraception can provide 100% protection against pregnancy or sexually transmitted diseases.



New look for Wright's soap

LRC Products' Health and Beauty Division are relaunching Wright's Coal Tar soap this Winter with an improved formulation and a new look.

The re-launch is designed to increase the soap's family appeal and carries the banner "the natural choice for confident family care". The soap now has a new shape and a milder coal tar fragrance, as well as a new pack.

The relaunch is to receive above and below-the-line support with a national advertising campaign in the Spring. *LRC Products Ltd, North Circular Road, London E4 8QA.*

Sanpro range from Numark

Numark are launching a range of press-on sanpro products.

The range will comprise press-on towels in super and regular absorbencies (regular 10s £0.39, 20s £0.69; super 10s £0.44, 20s £0.79); slim towels (10s £0.49) and panty liners (30s £0.65). Packs are in pastel shades of pink, lilac and green.

The range will be backed by a full colour advertisement in *Woman's Own* during January, and display material including shelf cards and window bills will be available. During the launch period orders of five cases will carry a free gift of a gold plated neck chain and bracelet set. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*

Fortify-ed against the Winter cold

Cow & Gate with Fortify are sponsoring the "Keep warm this Winter campaign" this year backed by a cut price promotion.

Leaflets are being distributed free to the elderly and health care professionals, offering advice on nutrition, heating, plumbing and general well-being. A telephone helpline is available. *Cow & Gate Ltd, Cow & Gate House, Trowbridge, Wiltshire, BA14 8YX.*

Anne French fragrance-free

Whitehall Laboratories are launching Anne French fragrance-free deep cleansing milk in 200ml packs (£1.60), with 50ml trial size bottles (£0.49) and merchandising units, shelf strips, and showcards.

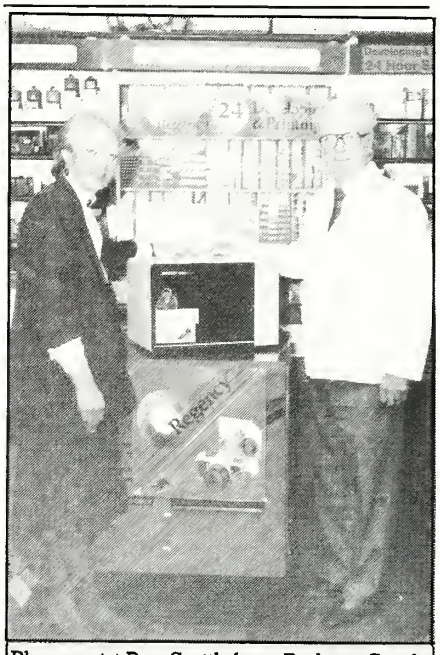
Minipacks will be covermounted on a March issue of *Mizz* magazine, and there will be competitions and opportunities to sample. Advertising has been directed towards the young teens in *Mizz, Just Seventeen, Jackie* and *Smash Hits,* and a further women's Press campaign will break in March. *Whitehall Laboratories, Chenies Street, London WC1E 7ET.*

Telling a Colour Story on TV

Colour Story will be advertised on television again this Christmas in a £750,000 campaign.

The campaign will break in Granada and Yorkshire, followed by London, Central and TVS.

It will use the original 30-second "Merge or emerge" commercial, and a revised 20-second commercial where the technical benefits of Colour Story are featured more strongly. *Warner Lambert Health Care, Southampton Rd, Eastleigh, Hants SO5 5RY.*



Pharmacist Ron Smith from Redvers Smith pharmacy in Ilkeston, Derbyshire, receives a microwave oven from Regency Film Services' sales executive Scylla Booth. The oven was one of two given to winners of a prize draw for Regency dealers.

Ads on hand

LRC Products have launched an advertising and promotional campaign to support the Marigold Extra Life Houseglove.

Running for six months and worth a total of over £500,000, advertisements will appear in *Sunday Magazine, TV Times, Chat, Womans Realm* and *Family Circle. LRC Products Ltd, North Circular Road, London E4 8QA.*

Sensitive moves from Colgate

Colgate's Sensitive Action toothbrushes are now to be put in packs with stronger branding, and there are new colours for the range.

The new blister packs carry the Colgate name in large letters. The new colours for the toothbrushes are deep blue, golden yellow, deep pink, emerald green, grey and mauve.

Colgate estimate that some 35 per cent of adults suffer with sensitive teeth and gums. Children do not escape; Colgate say that data suggests that around 50 per cent of children suffer from inflammation of the gums to a greater or lesser extent.

Sensitive Action toothbrushes are being supported with a mailing campaign and are to be included in joint advertising and promotions with Colgate toothpaste.

From January next year the prices of



Colgate's toothpastes, except Junior, are to rise by an average 4.8 per cent in what is described by the company as another initiative to restore margins. *Colgate Palmolive Ltd, 76 Oxford Street, London W1A 1EN.*

The unique combination that guarantees a quality hypnotic



triazolam (Halcion®) TABLETS

Upjohn

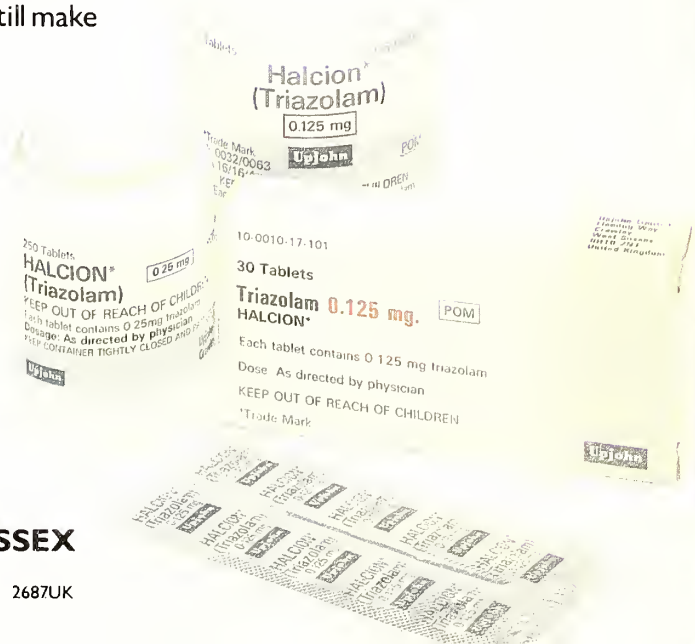
Talk to your wholesaler, you'll hear a great deal about triazolam Upjohn

Upjohn and triazolam are two names which go together as well as bed and sleep. In fact, Upjohn developed triazolam. So nobody knows more about its formulation, production and efficacy than us. Over the years, the Upjohn company motto, "Keep the Quality Up", has steadfastly remained the guiding principle behind the manufacture of triazolam. And we still make it today, under strictly regulated conditions to meet the highest possible standards of quality.

Upjohn's triazolam is one of the most widely prescribed hypnotics in the UK. Its colour and shape – whether in the 0.125mg or 0.25mg strength – are familiar to many.

So with Upjohn's triazolam, you can rest easy, knowing that you are dispensing one of the finest quality hypnotics available.

So when you dispense triazolam – please make sure that it's Upjohn's triazolam.

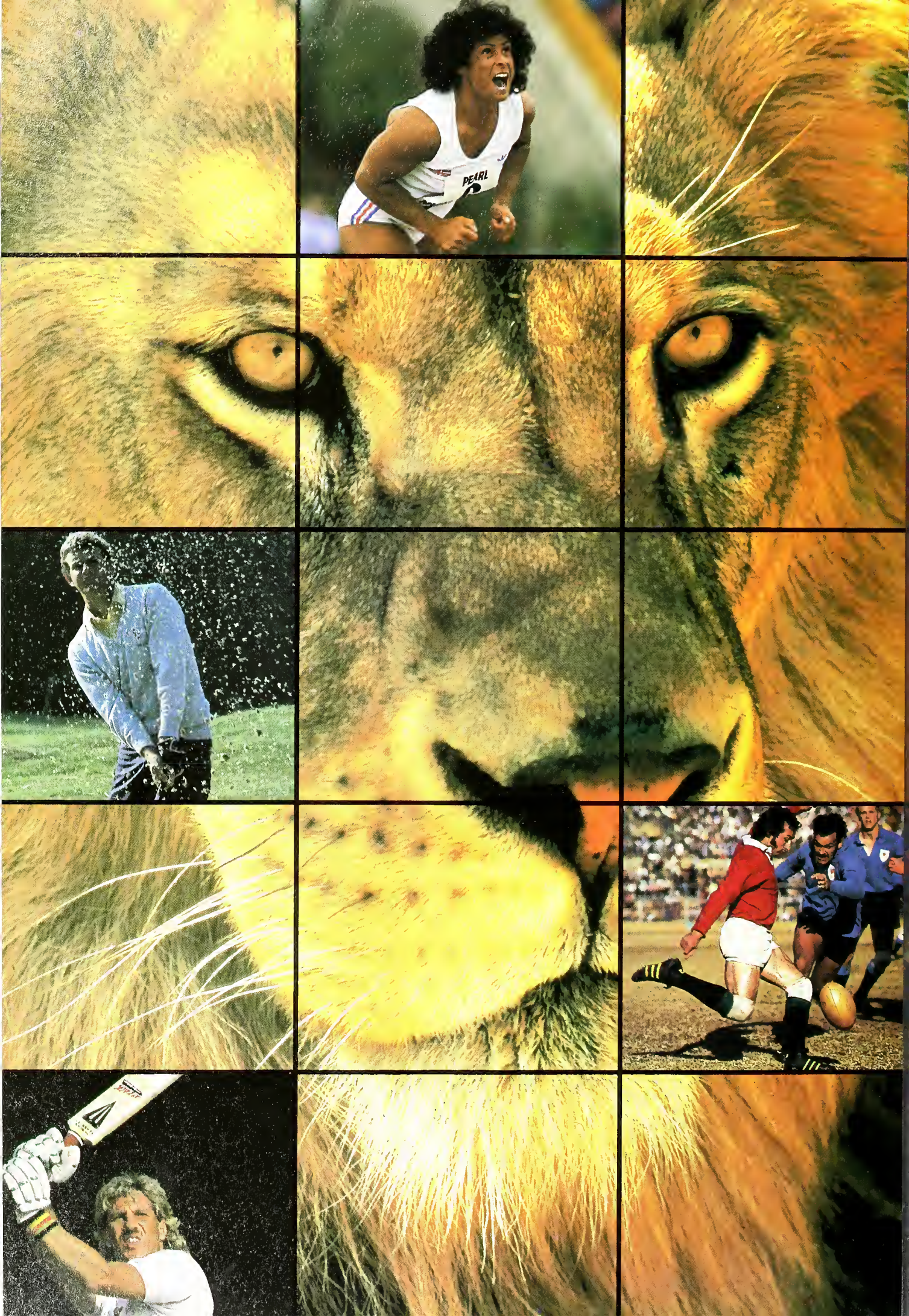


PRODUCT OF Upjohn CNS RESEARCH

UPJOHN LIMITED – CRAWLEY – WEST SUSSEX

Registered Trademark: Halcion

2687UK


PEARL

In pride of place

- *APS, Your first name in generics.*
- *Your premier, British manufacturer dedicated to reliable personal service.*
- *Your strong and independent first choice in a competitive market-place.*

APS®

Approved Prescription Services



APPROVED PRESCRIPTION SERVICES LTD.,
WHITCLIFFE HOUSE, WHITCLIFFE ROAD, CLECKHEATON, WEST YORKSHIRE BD19 3BZ.
TEL.: (0274) 876776. TELEX: 51561 APSTAB G. FAX: (0274) 862237



by Eric Jensen, B. Comm, MPS, MInstM

Marketing measured

Marketing is concerned with finding out what the public wants or needs and with satisfying these desires at a profit. In a fuller sense marketing aims to create demand, to awaken the public to want goods and services they had not realised they wanted.

Market research is a critical initial step in the marketing function. It is the essence of marketing, and marketing is a vital part of management. Despite that, marketing tends to be the "Cinderella" of the four management activities, especially in the privately-owned sector, so far as it exists. In marketing the proprietor pharmacist is constrained by the Code of Ethics and by personal reservations. There is nevertheless a wealth of untapped opportunities to put marketing principles into practice.

Three questions

Those proposing to institute a professional marketing plan should begin by asking themselves three questions. These questions might appear naive but the answers involve some fundamental thought on why we are in business.

— Precisely what am I marketing in the form of goods and services? What is my objective; is it mainly commercial, mainly job satisfaction — even if this detracts from the highest profit — have I a mixture of motives, or what? In short, why am I in business in retail pharmacy?

— What related services or goods do I provide with the basic ones offered?

— What, if anything, am I doing to market my pharmacy, to reinforce, change, enhance my public image? Do I budget to spend a percentage of my takings as an insurance to protect future profit?

After examination of the present position we can go on to ask related questions about the future. What goods and services could be expected to add, directly or indirectly, to profits and therefore to security in the years ahead? Close study of the Nuffield report stimulates thought and creativity. You might not feel it your scene to sell oxygen boosts to your customers (like the department stores in Japan), but a consultation area or room could be part of your plans. How far are you willing and able to keep blood-pressure monitoring equipment? What do you feel about domiciliary visits?

What can you do to enhance the image of your unique pharmacy in tandem with the NPA initiatives promoting the total image of pharmacy? If reality does not match the image, the public will be disillusioned. Market research should include looking at how those in your catchment area see you.

Unless we sell goods and services we have no business, nothing to manage. Marketing is therefore a key function of a retail pharmacy. Management, which in the smaller business devolves on the boss, has to cope with the blending of the four management functions of marketing, finance, buying or making, and dealing with staff.

A simple way to carry out individual market research of one's image is by asking staff to find out tactfully just what impression their family and friends have formed of the pharmacy. Even with a small number of employees it should be possible to collect a few dozen opinions: it is up to the boss to make sure the "right" questions are asked. Training staff to do this kind of work can be a valuable exercise in communication for everyone. As a complementary measure a suitably-worded card could be handed to customers inviting them to comment on service, stock-range, etc.

There are two types of market research to be undertaken by independent pharmacists — field research and desk research.

Field research involves two steps. Step one is to look at the overall national picture, at the current position of pharmacy and at the trends. Consider the number of pharmacies; after a decline over many years there has now been a reversal. Will this continue, or will the contract bring a decline?

We will also ask whether the rapid increase in the numbers of pharmacies in group ownership will be sustained and what the likely effects will be on pharmacy in general, on salaries, on services offered.

Close attention will be given by dedicated researchers to data such as that published in *C&D* on market shares of various OTC products held by pharmacy and by non-pharmacy retailers: our most powerful competitor is not necessarily another pharmacy.

Highly relevant to our research is a consideration of trends in public attitudes to medication, both OTC and prescription.

A self-made data book of pharmacy facts is a useful tool: cuttings from the Press, pharmaceutical and lay, together with references to other sources of information including government publications, can help build up a mine of knowledge.

The second step in field research is to examine the effects on our own neighbourhood of the national picture. What, for instance, has been the increase or fall in pharmacy numbers in our district, what is the penetration by multiples, what is the doctor-dispensing situation locally? Is the population growing or declining? No pharmacy is an island.

For desk research, the retail pharmacist can get a wealth of market information without stepping outside the shop. Some trouble has to be taken to list customers' names and addresses by inviting them to receive information on new products being stocked, or any special offers, and so forth. It might be said such news is spread by display, etc, in your pharmacy, but people are forgetful and pharmacists might be reluctant to convey any suggestion of high-pressure selling. Regular mailings show people you care, and reinforce other merchandising efforts.

The very word "raffle" in connection with a pharmacy might appal. But a raffle can be an effective way of compiling a mailing list. The proceeds could be sent to a charity and a manufacturer asked to contribute a prize. The pharmacist's prize is the mailing list. Do not be tempted to use names and addresses from NHS forms! And if the mailing is computerised be sure to comply with the Data Protection Act.

Advertising

Press advertising, an important branch of marketing, is employed by only a small percentage of private pharmacists. Those who do appear to benefit. Of course you must comply with the Code of Ethics and the consumer protection laws, but this is not arduous. And make certain you control what appears in the anncuncement: keep copies, don't give the text over the phone. If in any doubt check with the powers that be.

Looking out of the door or window for just a few minutes several times a day can pay high dividends. Classify passers-by by sex and age group, note what proportion enter your premises. Then ask whether your window or other displays are in harmony with the likely wants of the public walking along your pavement. A member of staff can easily do this job: the observation times must be random and the sample survey should be made over several weeks and at different times of the year. This is not a "once and for all" task. Market research is a continuing process and an appreciating asset.

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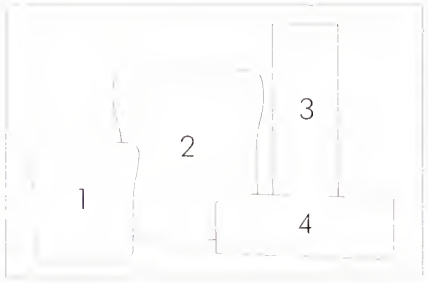

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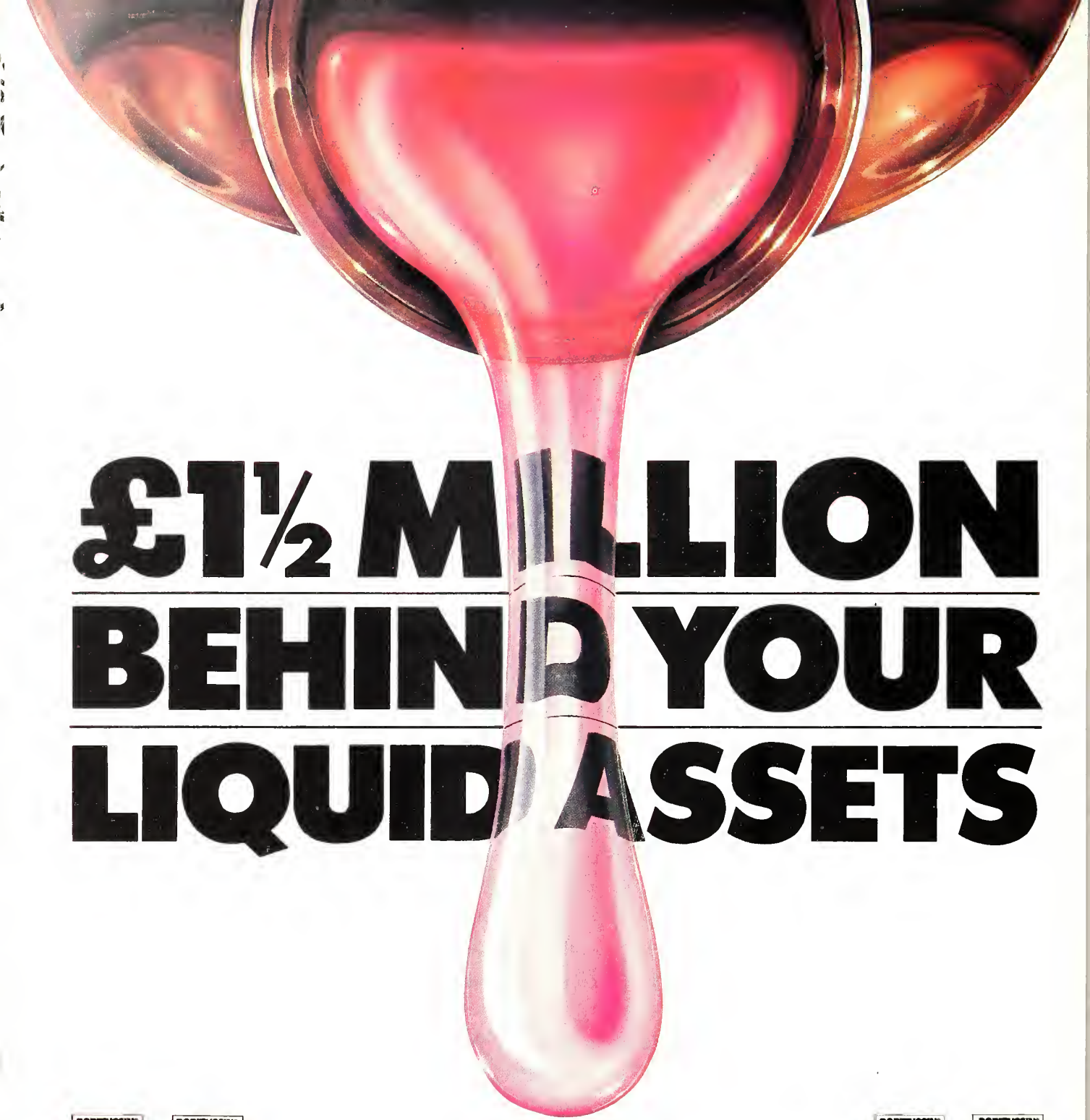
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Crookes Healthcare, the number one healthcare company.

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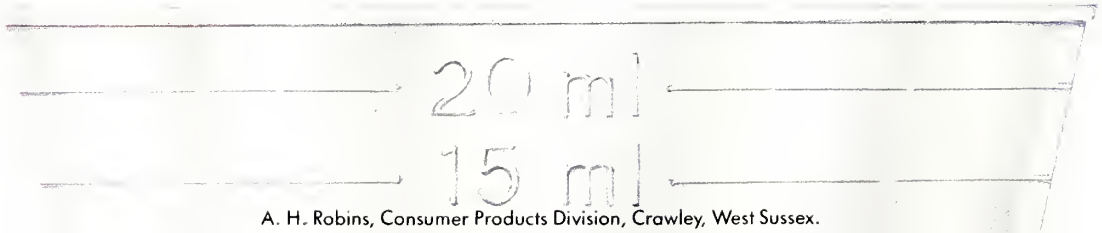
When you look at the growth of Robitussin over the last three years, it's no wonder we refer to it as a liquid asset – our sales have more than trebled in the last 2 years alone.
And interest is very high in cough remedies which are not only sugar free, but won't cause drowsiness.
That's why we're investing £1½m on a national advertising campaign ensuring you get the maximum return on Robitussin this winter.



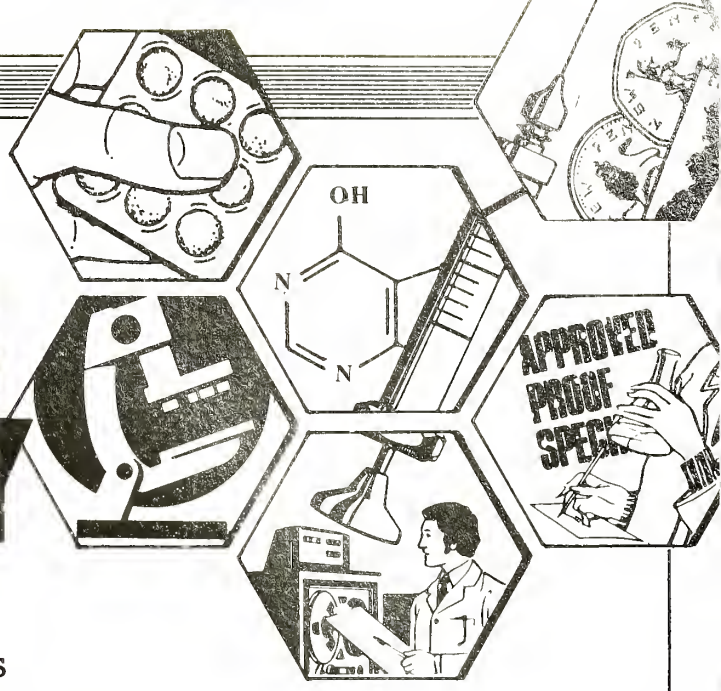


ROBITUSSIN

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A. H. Robins, Consumer Products Division, Crawley, West Sussex.



ADVANCES IN THERAPY 1987

by C.R. Day, FPS

Despite big reductions in pharmaceutical research staff over recent years many important drugs continue to appear with much due to the intensive efforts concerning AIDS. The first drug of direct help in prolonging the life of AIDS sufferers was marketed during the year — unfortunately it is not a cure. Perhaps within the next three to four years the means of not only alleviating but of curing this scourge of the decade will be available. Meanwhile drugs for the management of other lethal diseases have been made available and are discussed with other advances below.

CNS drugs

An antidepressant which selectively inhibits the re-uptake of serotonin (5-hydroxy-tryptamine, 5HT) is fluvoxamine (Faverin). This substance is unrelated chemically to other antidepressants and has minimum effect on noradrenergic processes giving it a different profile of side effects. Unlike the tricyclics, fluvoxamine does not produce anticholinergic effects such as dry mouth and constipation; its commonest unwanted reaction is nausea which occurs in about 20 per cent of cases, leading to withdrawal in some 6 per cent.

Senile dementia or Alzheimer's disease has become a serious social problem as more people live long enough to develop it. Current treatment depends mainly on psychiatric agents — the phenothiazines, benzodiazepines and antidepressants. However, all have some undesirable effects. A study of the anticholinesterase tetrahydroaminacrine (THA) is being undertaken in the UK following US reports. Alzheimer's sufferers are thought to have a loss of cholinergic neurones in the brain and it is suggested THA augments cholinergic transmission. The US study reported dramatic improvement in some patients on long term therapy, but the drug is not a cure as relapse occurs on stopping treatment.

The management of opiate addiction, particularly heroin, is difficult. Antagonists including nalorphine, cyclazocine and naloxone, have been found of little help because of short duration of action or unpleasant side effects. Now naltrexone, a long acting analogue of naloxone, is being used as an aid to abstinence. Naltrexone given to someone taking heroin prevents the physical reactions and the anticipated "buzz" euphoria or relaxation, helping to prevent relapse. Naltrexone is freely prescribable in the US, it has received a product licence in Eire and an application has been made in the UK.

A drug that has been used to reverse benzodiazepine anaesthesia and for overdose treatment is flumazenil (Anexate), which is now available in Switzerland. Animal studies have suggested that flumazenil should be clinically studied as a possible therapy for withdrawal anxiety in benzodiazepine dependent patients.

Lamotrigine is being investigated as an antiepileptic. It blocks the release of the excitatory neurotransmitter glutamate. Clinical trials have shown improved seizure control in 376 patients when the drug was added to their current treatment. Used alone, a single daily dose only is needed, but when given with other anti-epileptics twice daily dosage is required because of increased metabolic activity.

Minds have recently been concentrated on the crippling disease of multiple sclerosis which led to the recent death of the celebrated cellist Jacqueline du Pré. A drug under trial in the US is copolymer I (COP I). It is believed that the immune system is involved in multiple sclerosis and that COP I is attacked by the immune system in preference to the protective "myelin basic protein" which normally covers the part of the CNS involved. Trials have demonstrated that 25 patients given COP I over two years, suffered fewer relapses and some had less accumulated disability.

Gynaecology and the Pill

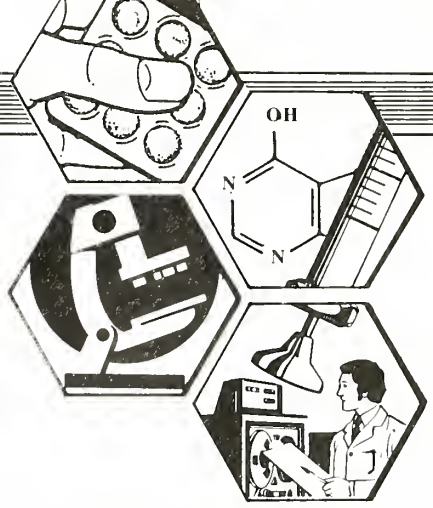
Endometriosis is often treated by a progresterone such as norethisterone. Recently a new agent — gestrinone, a 19-nortesterone — has been tested in women with mild to moderate asymptomatic endometriosis. Thirty five patients were randomly allocated to either gestrinone (18) or a matched placebo (17). After 24 weeks, 15 of the 18 gestrinone-treated group showed improved endometriosis scores and three showed no change. Of those in the placebo-treated group: five improved, four were unchanged and eight worse. It was concluded that all patients with asymptomatic disease should be treated, because adhesions may develop around the ovaries resulting in a worsening of the pre-existing infertility.

Femodene is a new oral contraceptive claimed to be superior to existing preparations. Each tablet contains gestodene 75mcg and ethinyloestradiol 30mcg; gestodene is a novel progestogen which differs from levonorgestrel in the position of one double bond, but this is said to cause a marked pharmacological difference. Gestodene is less androgenic than other progestogens and is therefore sutiable for women with acne or greasy skin. It is also advised for those having side effects or poor cycle control on other oral contraceptives.

A steroid which blocks progesterone receptors in the uterus is now under clinical trial as abortifacient. Mifepristone (RU486) is being used in a trial involving 1,000 women with pregnancies of less than seven weeks, together with a low dose of vaginal prostaglandin. Those undergoing the new procedure will receive 600mg mifepristone orally, followed in 48 hours with a prostaglandin pessary. The results will be compared with conventional surgical termination of pregnancy or intravenous prostaglandin. The combined therapy induces bleeding within six hours of inserting the pessary and complete abortion is anticipated in up to 95 per cent of cases.

Estraderm is a transdermal presentation of oestrogen for replacement therapy in women who have had a hysterectomy. A similar contraceptive skin patch may allow oestrogen and progestogen to be given in much lower doses than are used orally, with a reduced risk of side effects, and may enable women over 35 to continue taking contraceptive steroids.

continued overleaf



ADVANCES IN THERAPY 1987

continued from p1135

Gastrointestinal agents

Two recently launched H_2 receptor antagonists — nizatidine (Axid) and famotidine (Pepcid PM) — have similar properties to cimetidine and ranitidine with plasma half lives of about two hours and ulcer-healing ability in more than 90 per cent of ulcers within eight weeks.

A second generation H_2 antagonist, sufotidine, is being studied; it has a longer duration of effect and greater intensity of action than ranitidine. It is not expected to become available until the early 1990s.

Omeprazole (Losec) is a powerful inhibitor of hydrochloric acid secretion within the parietal cells of the gastric mucosa. It appears to have the advantage over available ulcer therapy of a four-week healing rate of 97 per cent compared with 80-90 per cent with the H_2-blockers. Registration applications have been made in several countries.

The future of the prostaglandin analogues misoprostil and anprostil as anti-peptic ulcer agents is in doubt because of their rather weak antisecretory action. The cytoprotective action seen in animals is not reflected in man and it is uncertain if this function is important in ulcer-healing. Misoprostil also has an abortifacient effect in therapeutic doses.

Cardiovascular drugs

A new alpha adrenoceptor blocking agent is terazosin (Hytrin) which seems to have advantage having a longer half-life of 12 hours compared with the three hours of prazosin.

Several calcium channel blockers are at present being studied. The chief members of this group in common use are verapamil, nifedipine and nicardipine. Diproteverine, a new member of this group, is under study for the treatment of angina, while feladipine (Plendil) awaits registration in a number of countries. Amlodipine is a compound with a longer half-life than felodipine, which is being tested as an orally active once-a-day drug for raised blood pressure and angina. Nimodipine (Nimotop), like other calcium antagonists, is a powerful vasodilator but appears to be selective in its effect for cerebral vessels with little action on the peripheral cardiovascular system. This opens up promise for treatment of ischaemic damage when oxygen supply to the brain has been reduced as in cardiac arrest cases when resuscitation has been delayed. Nimodipine is already licensed in several European countries for the treatment of subarachnoid haemorrhage; there is also a hint that it is of value in dementia.

New beta adrenoceptor blockers being investigated include xameterol (Corwin) which has beta$_1$ selectivity and a long action, which may replace digitalis in sufferers with chronic cardiac failure. Epanolol (Visacor) has intrinsic sympathomimetic activity which overcomes the side-effects of cold feet and hands found with some beta blockers.

Anticancer drugs

Goserelin is a synthethic analogue of the hypothalamic hormone LHRH but is 100 times more potent. It is successfully used in the treatment of prostatic cancer where it can largely replace orchidectomy. Goserelin (Zoladex) is supplied as a biodegradeable matrix and is given by a syringe applicator subcutaneously into the anterior abdominal wall every 28 days. Like buserelin (Suprefact) marketed last year, it deregulates pituitary LHRH receptors thus suppressing testosterone production resulting in a medical castration. It is possible to reduce testosterone production with stilboestrol, but this sets up cardiovascular problems, while cyproterone may cause depression. Zoladex is usually well tolerated but patients may suffer hot flushes and loss of libido, with infrequent breast swelling, skin rashes and bruising at the injection site.

A novel method of giving doxorubicin in metastatic liver cancer is to incorporate the drug in liposomes (known as Lip-Dox) which become entrapped in the liver thus allowing an effective concentration to reach the organ without producing toxic levels elsewhere in the body. It is hoped that this method will be helpful in cancers not usually amenable to chemotherapy, although trials are as yet in a very early stage.

Other means of reducing the toxicity of anticancer agents are being studied. One is Mesna (2-mercaptoethanesulphonate) which protects the bladder from haemorrhagic cystitis caused by a metabolite of cyclophosphamide. Animal studies have shown that a mixture of four gangliosides, obtained from bovine neuronal tissue known as cronasial, reduced the toxicity of mitozantrone.

The severe vomiting induced by chemotherapeutic agents such as cisplatin, doxorubicin and cyclophosphamide always poses a problem. Now a substituted benzamide compound BRL43694, which blocks serotonin at 5HT$_3$ receptors, has been found to inhibit emesis in animals after the administration of cisplatin, etc. GR38032F also acts on 5HT$_3$ receptors and has potent antiemetic effect in animal tests.

Contracan, an iodinated derivative of stearic acid, claimed to make cell membranes less permeable to HIV virus, has so far been given to only 30 patients with terminal cancer. The drug was given twice a week intramuscularly. The patients were all near death but 10 were still alive eight months later and therapy appeared to have stabilised their disease. There were no toxic effects in bone marrow or other organs.

Respiratory system

One result of H_2 blocker research has been the discovery of a new H_1 blocker, namely telemastine. This is an antihistamine which appears not to enter the brain and therefore lacks a sedative effect. Telemastine is currently undergoing clinical trial. Another antihistamine, produced initially in Belgium, is cetirizine; it is likely to be marketed in the UK shortly.

The 4-quinolone antibacterial ciprofloxacin (Ciproxin) given orally has been found to give results at least as good as conventional intravenous therapy against *Pseudomonas* infection in cystic fibrosis. Oral ciprofloxacin was preferred in a group of 40 patients given either the new drug or intravenous azlocillin/gentamicin.

Fighting infection

Extreme efforts are being made to find drugs and/or vaccines that will either cure or prolong the life of AIDS sufferers. In just a few years it has been possible to identify the AIDS virus, to clone it and determine its genetic sequence, and to provide a rapid reliable blood screening test. It has been stated that on a global basis some 70 pharmaceutical companies are researching agents that have activity against the HIV virus; at least 80 different drugs and 20 different vaccines are being studied. To date the most important development has been the marketing of zidovudine (Retrovir, AZT) for treatment of serious manifestations of HIV infections in AIDS patients or AIDS-related complex. AZT inhibits viral reverse transcriptase, the enzyme that catalyses the production of a DNA copy of viral RNA, thus preventing HIV replication. Side effects may be serious, the commonest being an adverse effect on bone marrow function resulting in anaemia and neutropenia which may require interruption of treatment.

Among the many drugs under investigation for activity against HIV virus is dideoxycytidine (DDC), a cytosine analogue. In some DDC-treated patients there was clinical improvements in phase I trials and the drug was reported to cause less bone marrow depression than zidovudine.

The combined action of DDC and AZT in *in vitro* studies showed a potentiated antiviral effect, suggesting that future treatment may be by combined therapies.

Cytomegalovirus (CMV) infection is one of the more serious complications of AIDS. CMV infection can lead to retinitis with eventual blindness and also to pneumonitis. Ganciclovir, a drug related to acyclovir (Zovirax), if given early can be successful in CMV pneumonitis, while CMV retinitis responds but relapse is frequent, necessitating maintenance therapy. Ganciclovir is at present available on a named patient basis. Another drug effective in CMV retinitis is Foscarnet (trisodium phosphonoformate). This compound is given by continuous intravenous infusion otherwise recurrences are common.

ICI 130865 given prophylactically for seven days has been found to give 90 per cent protection against influenza A virus challenge when compared with placebo. The drug was also beneficial in the treatment of influenza A infection with less side effects than amantidine (Symmetrel).

Engerix B vaccine has now been marketed for active immunisation against hepatitis B virus infections. This antigen is produced from yeast cells using a recombinant DNA technique, whereas the previously available H-B-Vax is prepared from the plasma of human carriers making it considerably more costly. Protection against hepatitis B infections following a full course of Engerix B lasts three to five years. The vaccine does not trigger hypersensitivity to yeast and the only common side effect has been a local reaction at the injection site.

Bacterial resistance is responsible for the failure of many of the earlier antibiotics which have now fallen into disuse, but thanks to the development of the 4-quinolones, it may be possible to at least delay drug resistance in many infectious organisms. The 4-quinolones are unusual because they inhibit the enzyme DNA-gyrase which is responsible for "supercoiling" within bacterial DNA, a process that enables a large amount of nuclear material to be stored within bacterial cell membranes; if this is prevented normal bacterial activities are stopped and they die.

The first of the new compounds to be marketed was ciprofloxacin (Ciproxin). It is effective in the treatment of infections caused by both Gram-positive and Gram-negative aerobes including multiresistant strains in the urinary tract, respiratory system and for skin and soft tissue conditions. Side effects are few, the commonest being gastrointestinal reactions. Antacids should not be taken simultaneously as they reduce absorption.

Other 4-quinolones under clinical study include enoxacin, norfloxacin, ofloxacin and pefloxacin.

Recently an oral formulation of cefuroxime has been marketed as Zinnat. It consists of the pro-drug cefuroxime axetil, and is indicated for bronchitis or pneumonia and other Gram-positive and Gram-negative bacterial infections. The drug is well tolerated and side effects are usually mild and transient, they include diarrhoea, nausea and headache.

Arthritis

Gold compounds given by injection have been in use for more than 50 years for the treatment of rheumatoid arthritis. Since the coming of the non-steroidal anti-inflammatory drugs sodium aurothiomalate and penicillamine have become more important as second line agents for use when the NSAIDs have failed to give relief. The administration of gold has always been fraught with the risk of severe side effects, notably blood dyscrasias, skin reactions and the nephrotic syndrome.

Auranofin (Ridaura) is an oral gold compound which is thought to act differently to intramuscular aurothiomalate and have a lower incidence of toxic effects. Comparison of parenteral and oral gold has shown that 65 per cent of 527 patients on auranofin completed one year's treatment while 56 per cent completed treatment with injection. Side effects led to stopping treatment in 14 per cent of auranofin patients and in 31 per cent of the other group. It must be emphasised that gold therapy in any form cannot reverse damage to joints caused by previously treated, or untreated disease.

Only one new NSAID has been introduced during the year under review; nabumetone (Relifex). Nabumetone is a pro-drug which on absorption is metabolised mainly to 6-methoxy-2-naphthylacetic acid, a potent inhibitor of prostaglandin synthesis. Endoscopic studies have shown that nabumetone causes less irritation to the gastric mucosa than naproxen and indomethacin, while gastrointestinal microbleeding is less than with aspirin. Nabumetone will probably be used when other NSAIDs are ineffective.

Introducing THE WYETH GENERICS PHARMACY CROSSWORD No. 1

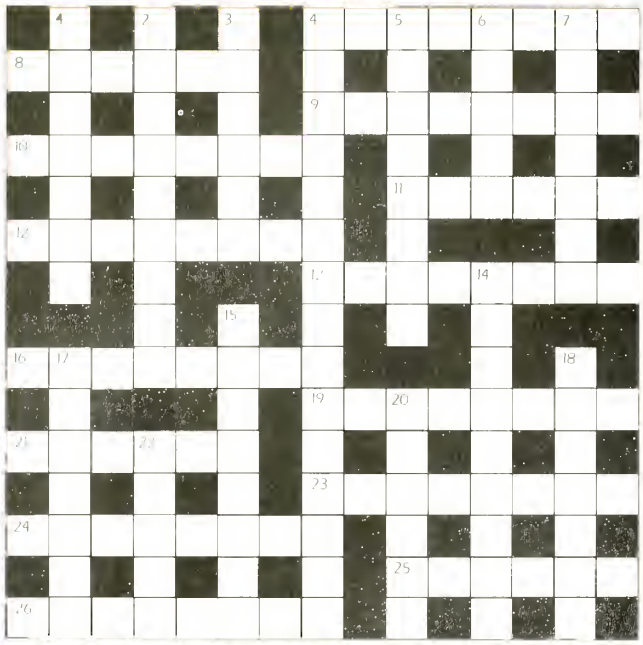
The solution to Puzzle No. 1 will appear alongside Puzzle No. 2 at the beginning of 1988

Clues Across

4 Sounds partly like an electrical unit (8)
8 The French ask the Scotsman, Why? It's citric really (6)
9 Fewer canes if west ones are redirected (2,6)
10 Outcome of the addict mainlining? (8)
11 To learn of whales or pharmacy maybe (6)
12 Feline in the pool, colloquially (8)
13 Metallic despot will squeeze one's hand (4,4)
16 Defunct inverse nobility (8)
19 Stop the surgeon's response (3,2,3)
21 Sounds engraved but quite pure (6)
23 Joy returns to outdoor pharmacy report (8)
24 The malarial parasite, at one stage (8)
25 Aquatic law of octaves? (6)
26 Time to borrow or time to pay (1,4,3)

Clues Down

1 Wyeth medicines with 18 down (7)
2 Shape up to a charged particle — it's the pattern (9)
3 Alfresco feast sounds broadchested (6)
4 Is this partly how the brain feels? (9,6)
5 Wine work along the way, it stays obligatory (4,4)
6 Show yet hide internal source of therapies (5)
7 Drug these in some pharmacology (7)
14 Distant coins are obsolete (9)
15 Prednisone, perhaps in orbit (8)
17 The confused US state I'd shortly make prescription only (7)
18 Ruth's unfiltered property, according to Will (7)
20 Such apples are sugar-coated (6)
22 Tobifida for teratogenic outcome (5)



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NPA director Tim Astill with the infamous NPA nose

Pharmacy-linked depots to sell medicines?

A scheme in which pharmacists could exercise control of medicine sales in non-pharmacy outlets has been suggested by Tim Astill, director, National Pharmaceutical Assocation. Speaking last week at a Proprietary Association of Great Britain seminar in London, on "Marketing non-prescription medicines in pharmacy", he envisaged a system of depots acting as satellite distribution points away from, but under the control of local pharmacies.

Mr Astill believed it was unrealistic to expect that UK pharmacists would ever gain the same monopoly of OTC medicines distribution that pharmacists in other European countries had. But there was no such thing as a completely safe medicine, and if society wanted the freedom to buy tons of potentially lethal chemicals each year then it should at least entrust those chemicals to people who knew what they were talking about.

In Denmark there were fewer pharmacies per head of population than in the UK and the Danes had got round the problems of access to pharmaceutical services by setting up depots which acted as distribution points for OTC medicines, and ran prescription collection and delivery schemes. These depots were controlled by a pharmacist proprietor who was legally and professionally responsible for what went on in his own pharmacy and in the depots, where he decided which medicines were sold and how they were displayed. The supplies were obtained from the pharmacy, the staff were trained by the pharmacist to a predetermined level and the pharmacist could be contacted by telephone whenever a sale was made and he was not present.

Mr Astill envisaged that in the UK similar depots could be set up in sub-post offices or village stores. The advantage would be more outlets for GSL medicines than if they were restricted to pharmacies, the inconvenience to the public — particularly in rural areas — would be reduced, the staff would be trained and there would be indirect access to a pharmacist. Drug recalls would be totally effective: when children's aspirin was withdrawn it disappeared from pharmacies overnight but it was still present in grocers and supermarkets months afterwards, and the national Press picked up on the fact.

The NPA is to put the suggestion to the Society as part of its formal response to the Society's Nuffield consultative document. Mr Astill thought there would be many practical and legal problems to be overcome but the idea was worthy of serious debate as a possible means to ensure more safe and effective use of medicines.

Earlier, Mr Astill suggested that manufacturers and retailers should work much more closely together to achieve their joint objective of the more effective marketing of OTC medicines.

In its next Press advertisement the NPA wants to get across the message that pharmacies stock a wider range of medicines than any other outlet and offer much better quality of advice, but suitable wording is proving difficult to find.

How to market 'P' medicines

The best way to launch a P medicine for long term commercial success and professional esteem is to first create a good level of use and understanding among doctors and pharmacists, and then build on that trust and understanding to launch the product as a pharmacy medicine.

This was the view of Alan Hicks, divisional manager, Janssen Pharmaceuticals.

Decisions had to be taken over whether or not the product should be advertised to the public. There were no cheap ways of creating consumer awareness and it could take an expenditure of several millions of pounds before a product was well-established. The limited size of most pharmacy markets — except perhaps coughs and colds and analgesics — and consumers' price sensitivity often meant a break-even plan of five to 10 years, which was usually unacceptable to senior management.

Mr Hicks compared the marketing of Imodium and Arret to illustrate different approaches. Two years after the launch of OTC Imodium, only 2 per cent of consumers were aware of it, in spite of its being highly recommended by pharmacists and assistants. But awareness of Arret, which was advertised, reached 5 per cent less than three months after its launch. The advertising had a synergistic effect on Imodium, and in 1986 loperamide had almost 50 per cent of the antidiarrhoeal market in cash terms.

On the other hand, Stugeron was not advertised but had grown steadily — although slowly — through doctor and pharmacist recommendation to achieve nearly 50 per cent of the travel sickness market.

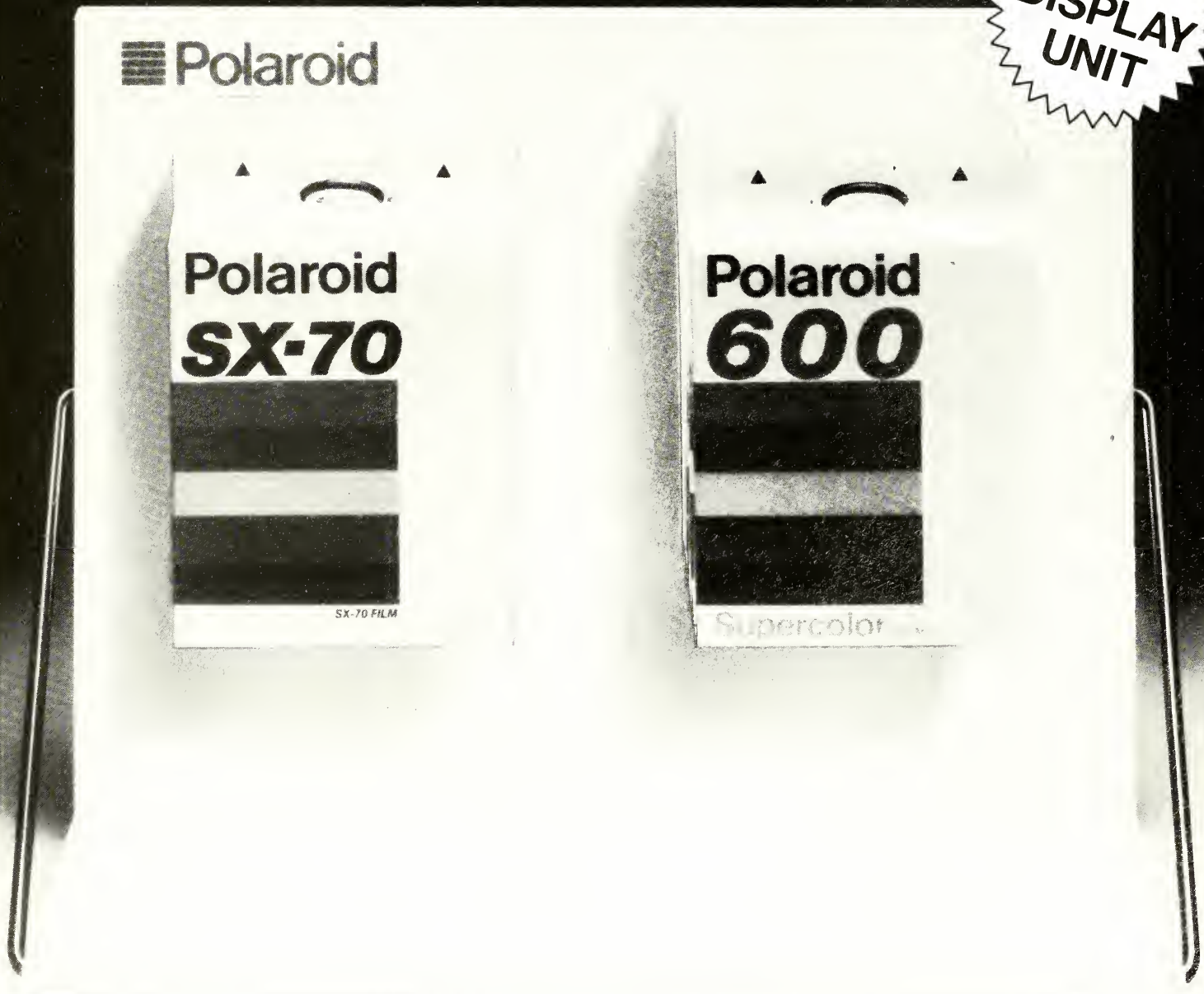
There was a danger that if a medicine was advertised, the pharmacist could be bypassed if the customer asked for the specific brand, but the same was true for repeat purchases by consumers who were satisfied with the product on a previous occasion, said Mr Hicks.

Barrie Friend, senior product marketing manager, Merrell Dow, said his company believed in the value of PE or "pharmacist endorsed" products, which could be P or GSL medicines.

"We believe this route emphasises the full professional responsibility of the pharmacist and the role he can play in developing healthcare business through pharmacy", he said.

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'Professional discretion' on supervision

Pharmacists who advocate no change over the issue of supervision should think again for they may be responsible for the demise of community pharmacy, said Pharmaceutical Society president Bernard Silverman last week.

"You may well be responsible for denying the public the true professional service from pharmacists which they should expect," he told the PAGB seminar.

The Nuffield Report had advocated that the Medicines Act personal control requirement could be satisfied if the pharmacist was absent for short periods, doing other professional work. The Society's Council believed that absence for short periods should be permitted for any reason, but that the only medicines sold during these periods should be GSL because the customer should be able to consult the pharmacist when buying a Pharmacy medicine.

"I put it to you that if there is good sense in that logic then it should apply to all medicines, including GSL," the president said.

Nuffield believed the law on supervision of P medicines sales went too far to protect the public interest, Mr



PSGB president Bernard Silverman

Silverman continued. It might even be contrary to the public interest because, by virtually anchoring the pharmacist to the medicine counter it prevented him being involved in other professional duties. Nuffield recommended a relaxation in the strict legal requirement for supervision but did not suggest precisely how the legal wording should be changed.

"I suggest that since it is the word 'supervision' and its legal interpretation which is troublesome, it only needs to be substituted by words such as 'control' or 'direction' or 'management'," he said.

Council also recognised that the present law was too rigid and suggested that the sale of P medicines was solely the responsibility of the pharmacist who should list those medicines with which he wished to be personally involved at every purchase. He should also lay down strict conditions under which a sale could take place without his personal involvement.

"Undoubtedly the substitution of the legal requirement to supervise by a system of professional practice, as outlined by Council and which some might consider equally demanding on the pharmacist's time, might prove in practice to be unwieldy or even unworkable," the speaker continued. "But the choice would be with the pharmacist who could remain involved in every transaction if he so desires. Either way, nobody could deny that the interests of the public would remain well protected."

It remained to be considered whether the changes suggested by Council would respond adequately to Nuffield's objective — that is to release more time for the pharmacist to perform a wider, extended role in the future.

"Whether the final decision on control and supervision is to accept the full recommendation of Nuffield, or to follow the cautionary path of Council, is not so important. What is important is that a start be made by removing the rigidity of the statute and replacing it by instilling a greater element of professional discretion into pharmacists," the president concluded.

Need for more display of medicines

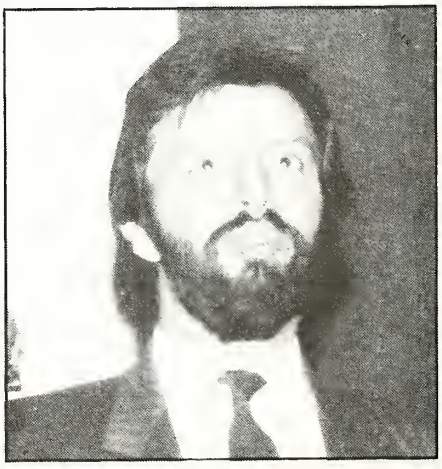
Pharmacies should devote much more space to displaying medicines, particularly those in the P category, believes John Ball, marketing director, Warner Lambert.

"Pharmacy has a considerable advantage over all other outlets and health care bodies — it is the drug specialist. Its range of OTC medicines and specialist knowledge are unique," he told the meeting. "Something like 60 per cent of all OTC sales are in the P category, but is this the impression consumers gain in some pharmacies? A unique range of products, many now backed with media advertising, and protected by RPM is surely worthy of further development in store. This uniqueness needs to be emphasised more."

After the limited list a growing number of promoted products required shelf space to present themselves attractively and informatively to the public, yet the total selling space devoted to OTCs remained basically unchanged. Major P product launches required a high level of display support to enhance their chances of success, the speaker said.

Earlier this year Warner Lambert carried out a pilot study of several pharmacies who gave more room to merchandising both P and GSL medicines, while remaining within the remit of the Society's code on display. Some had seen sales increase by up to 35 per cent, said Mr Ball. The layouts all varied but a common factor was that by increasing the space devoted to medicines consumers were made more aware of the large number of OTCs available. The company is working on ideas for a survey which would quantify the effects of increasing the display area.

Mr Ball believed there would be an increasing trend towards smaller shops specialising in one particular type of product, as in the successful chain of Sock Shops and Tie Rack. Their consumer



Warner Lambert's John Ball

appeal lay in their single-mindedness.

"Could there be an opportunity to build on the considerable consumer goodwill to pharmacy on the basis of 'Nobody knows drugs better than I do so see me for specialist service'?

"Couldn't future OTC products be sectioned by ailment, similar in a way with other mainstream retailers, with obvious

Importance of responding to consumer needs

Patrick Foster, chief executive, Ciba Consumer Pharmaceuticals, gave his ideas on how manufacturers and pharmacists should respond to a changing environment in which consumers wanted to be more involved in their own treatment.

The limited list was the beginning of the concept of "collaborative care", with patients gradually assuming responsibility for their own health, he said.

Changes in the legal status of loperamide, ibuprofen and topical hydrocortisone 1 per cent implied acceptance by the Department of Health that the public must not be restricted to a static list of products when modern science provided ingredients that were safe and effective for self-medication. Mr Foster saw no reason why other ingredients, at present on prescription, should not become available for sale under pharmacist supervision.

The Nuffield report also stated that the aim should be not to retain any medicines in a more restricted category than was necessary for public safety. Strict application of this basic objective would mean a review of P medicines, possibly resulting in some being added to the GSL. This would benefit companies who marketed medicines only to pharmacy, in that the product could be sold in the pharmacist's absence and the goods could be displayed on open shelves, allowing customers to read the labels beforehand.

"One area where regulators and the health professions appear to have fallen out of step with people's expectations is the definition of conditions suitable for self-medication," Mr Foster continued. The Department of Health had not reviewed since the early seventies the illnesses people were capable of handling themselves, but he understood the Regulations were currently being reconsidered.

"In assessing the area of self-medication, the state will need to remember that, if on the one hand it is important to encourage people to be more self-reliant, there must be a less paternalistic attitude towards their ability to cope with symptoms which currently fall outside the definition of self-medication. If it is possible to recognise symptoms without requiring a medical diagnosis they should be brought into the scope of self-medication," he added.

Ultimately manufacturers and pharmacists depended for their survival on the degree to which they satisfied consumer needs and kept pace with changes in those needs: "We cannot pursue a course pre-determined by doing things the way they used to be done, in some sort of vacuum, without recognising the major changes that have taken place in society as a whole."

Rules made 10 or 15 years ago needed re-examining to see if they still had the same worth, particularly those concerning the content of the GSL and the regulations on labelling and advertising to the public.

When considering pharmacist supervision, it was again essential that the needs and wishes of consumers were taken fully into account, and Mr Foster found it difficult to believe that pharmacists would wish to reject proposals aimed at consolidating their position at the forefront of primary health care.

Finally, Mr Foster maintained that information to consumers would have to be relevant, easy to understand and appropriate to their needs, particularly in the case of products recently released from prescription control to OTC status. Advertising drew attention to the availability of a new product, stimulated further inquiry with pharmacists and helped to establish the proper indications for use as an OTC medicine.



Peter Jensen, managing director of Beecham Healthcare, who chaired the meeting



"Collaborative cane" from Ciba's Patrick Fowler

category definitions such as footcare, antiseptics, coughs and colds?" he suggested. "This would demand a radical rethink in the display of P medicines but it could reap many dividends."

Other advantages were that more consumers might be diverted to seek pharmacy assistance before resorting to a GP for minor ailments, manufacturers would be encouraged to bring more POMs to P with media support, and it would pressurise manufacturers to be more progressive with labelling and consumer information.

In asking whether the policy would constitute a risk to the public, Mr Ball pointed out that consumers were already used to buying medicines from self-selection non-pharmacy outlets. PAGB research showed the public acted responsibly in using OTCs, most P products were familiar to the public who probably had no idea about PGSL classification, and any attempts to buy large quantities or unsuitable treatments would be brought to the attention of pharmacy staff, assuming supervision of P sales was in force.

'Work closely for patients benefit'

By prescribing P and GSL medicines, doctors used to help people learn about the medicines they could buy on future occasions, said John Wells, executive director, PAGB.

Since the limited list, consumers were having to choose medicines for themselves, which meant the industry and pharmacists had to work harder to make sure patients knew about the effective non-prescription medicines available in the pharmacy.

"If the non-prescription medicine industry and the pharmacy profession can work closely together, we can realise a greater potential for the use of non-prescription medicines to the benefit of industry, pharmacist and, above all, the public. The real test of the medicines we produce and the services provided by pharmacists is whether they meet a genuine need and are accepted as being sensible and helpful by the people who go into pharmacies. So always it is people, their changing needs and expectations which are of most importance."

Self-care: the major British health resource

Proprietary Association of Great Britain has carried out a quantitative assessment of the practice of self-medication to discover how British people treat the minor ailments of daily living. The results, which show self-care to be the major health resource, should be valid for at least five years, says PAGB, and provide a data bank for discussing health policies and medicines legislation.

The British Market Research Bureau, an independent research agency, developed a questionnaire which was "piloted" and used in face-to-face interviews carried out in respondent's own homes. Each month for 12 months, a sample of some 100 adults aged 15 or over was taken by random location methods, usually in the first full calendar week of each month. The sampling methodology used ensured a nationally representative survey.

Fieldwork began in March 1986 and final interviews were taken in February 1987. This 12 month spread made it possible to cover any seasonality of ailments recorded. A total of 1,217 interviews was successfully achieved with adults, and mothers were asked to report on behalf of all their children up to 15 years; 342 such reports were collected.

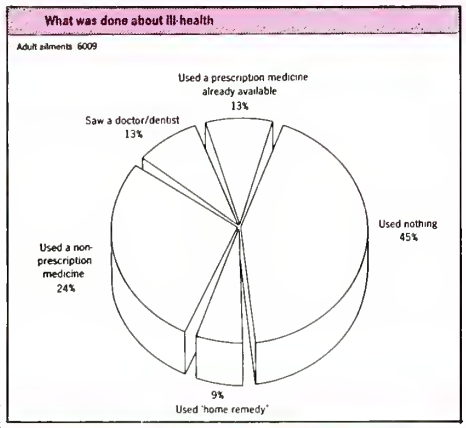
According to the PAGB, the study has demonstrated that self-care is the largest component of health care in Britain. The results confirm that the individual and the family can handle the overwhelming majority of episodes of minor ill-health without the need for professional help, the Association says, and summarises the main points:

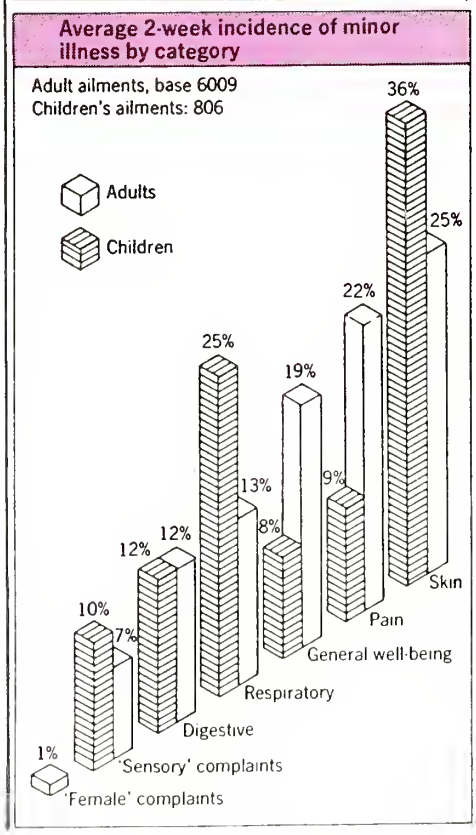
- Normally, healthy people faced with minor frequent disturbances to health do not rush to treat every symptom.
- The population reports an average of five ailments each in any two weeks.
- People are able to discriminate between minor ailments and those requiring advice. Nine out of ten of the specified ailments were dealt with by individuals themselves without needing to visit a doctor or dentist.
- Over half the ailments were not treated with any form of medicine.
- In treating their ailments with non-prescription medicines they normally use products with which they are familiar.
- The survey has also shown that people prefer to take only one product for any one ailment. The results they obtain from their choice of non-prescription medicines are particularly satisfactory.
- People seek advice from doctors or dentists if they are at all unsure about an ailment although they feel that doctors are less likely to be seen nowadays about minor illnesses. In these cases the pharmacist is seen as a good source of information and advice. Pharmacies are an important source of purchase for medicines but people value the choice of buying them from other outlets.
- Advertising non-prescription medicines to the public has an important role to play because about half the respondents said that advertising helped them to learn about the availability of medicines. Only a minority said that advertising was the main influence in their decision to buy.

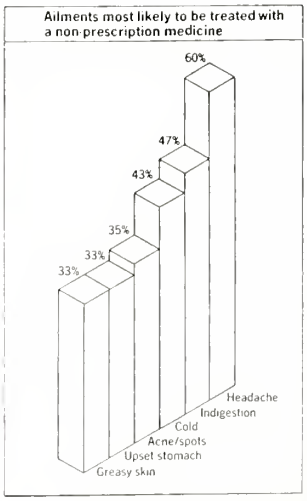
The PAGB concludes: "The high level of self-care and self-medication stress the enormous existing and potential contribution to health care in our society. Self-medication is a resource which can help to curb escalating state health costs, enable doctors to deploy their specialist skills to greater advantage, enable pharmacists to reinforce their position as experts on health and medicines in the High Street and enable people themselves to exercise freedom of choice in continuing an active, responsible role in healthy living."

The Government's White Paper definition of Primary Health Care services involves those provided by family doctors, dentists, community pharmacists, opticians and community nurses, the PAGB says. It does not include the care that is practised before these services are called upon. PAGB director, John Wells notes: "It is people's ability to make sensible decisions about when to look after themselves and when a visit to the doctor or pharmacist is appropriate that is the beginning of 'primary health care'. The study shows that people do make these sensible decisions and behave responsibly with a cautious approach to the use of medicines."

Copies of the report, and "highlights" prepared by PAGB will be available on December 11 from PAGB, Vernon House,

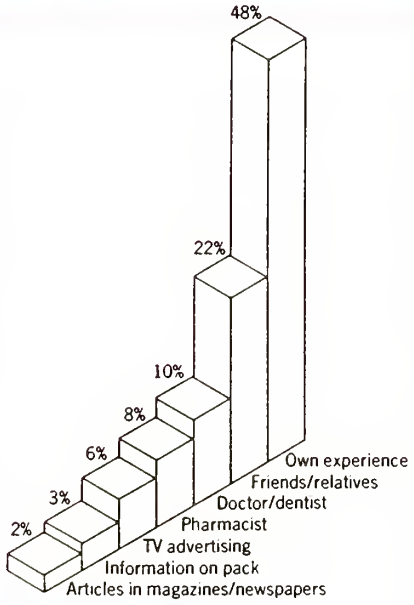




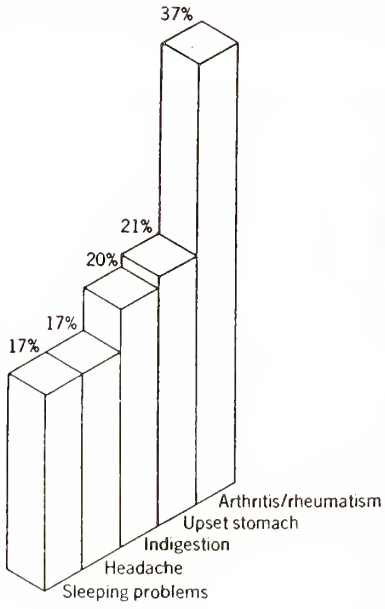


PAGB SURVEY

'Which of these things helped you to decide to use the medicine?'



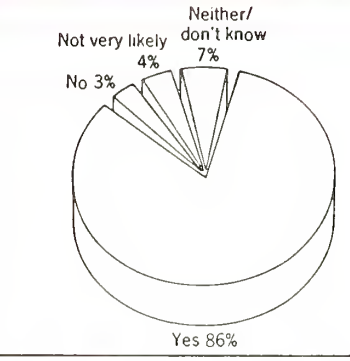
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COCODAMOL TABS	500	4.25	NAPROXEN TABS 500mg	100	10.50			

RAYCIL PHARMACEUTICALS

Newton looks forward to negotiations

When it picked November 29 for its conference, Essex LPC did not realise how opportune a date it would turn out to be. In inviting the MP for Braintree to address the conference, the LPC was doubly fortunate. The Minister for Health, for it is he, gave a revamp of his accurate speech to the PSNC dinner (*C&D*, November 21, p1024) substituting the 'mights' of his forecasts then with the 'wills' and 'haves' of the White Paper. More importantly for the Minister, it was a chance to get grass roots feedback on his proposals; he answered questions from the audience and, despite a busy schedule, stayed for PSNC vice-chairman David Coleman's presentation and question session.

Health Minister Tony Newton reiterated his statement in launching the White Paper last Wednesday that "new money" is available for the "expanded role" for pharmacists. He said that he expected the Pharmaceutical Services Negotiating Committee would be after as big a slice as possible.

He did, however, refuse to be drawn on precise figures. While the Government's expenditure plans allowed for an extra £570m on the Family Practitioner Services by 1990-91, Mr Newton said that he intended spending more — "well over £600m".

"I'm not going to be tied down to precise figures, that's for negotiation. Any exact figure I may give will only be used by your negotiators as a base figure."

Mr Newton said that money would be raised through the new charges for dental examinations and sight tests — up to £170m a year by 1990-91. The Health and Medicines Bill would also encourage health authorities to generate income.

Mr Newton pointed out that while media interest had focussed on other areas — he was pleased to be addressing a conference of pharmacists, rather than opticians or dentists — the Government are proposing to extend the list of prescribable appliances as soon as possible with the addition of blood glucose monitoring strips, at a cost of £10m per year. "And we would wish to go on to make a wider range of wound care products available on prescription."

Overall, Mr Newton said, the White Paper put more emphasis on promotion of better health, both directly and indirectly. Allowing diabetic testing strips on prescription would help prevent the onset of complications, allowances for pharmacists to give advice on the safe keeping and administration of drugs in residential homes could help in avoiding some undesirable side effects and waste.

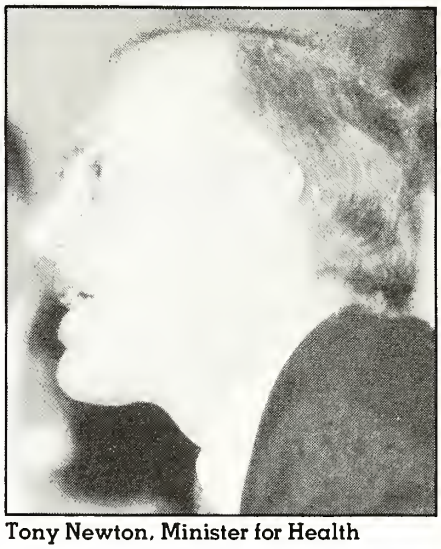
Pharmacists should also be playing a wider role in health education in the pharmacy. "The 'health care in the High Street' campaign has been very successful and it shows how valuable pharmacy is as a focus for health care material," Mr Newton said. Pharmacies were ideal places because they are visited by healthy people as well as those who are ill.

In response to a question from LPC chairman Dave Reid asking why, if pharmacy was an under utilised resource of training and research, money was not forthcoming immediately, Mr Newton said that many things had to be negotiated with all the professions, and he was sure he would be pushed very hard by David Sharpe and the rest of PSNC's team.

Society Council Member Nick Wood hoped that any allowance to pharmacists for taking a role in the supervision of medicines supply in residential homes would be a realistic one, and he pointed out that there was scope for the service to be extended to any patient on medication who is unable to visit a pharmacy. "Residential homes will benefit, but other people are in sheltered homes, others are in their own homes and get help from peripatetic wardens. Will the new funding be flexible enough to enable pharmacists to provide services to these patients?"

The Minister replied that he thought just such a question was likely to be raised by the Society and PSNC in negotiations.

In response to a question whether the wider role might be used in rural areas to give more scope to pharmacists to cover greater numbers of patients, Mr Newton said that the Clothier Regulations had taken a long time to sort out, the new contract itself had been difficult legislation to get through, particularly in the House of Lords. "Given the extreme difficulty in achieving agreement on rural matters at all, my instinct is not to upset this by proposing more new arrangements."



Tony Newton, Minister for Health

All is not lost

It would have been "tidier" if the Pharmaceutical Society had resolved the question of supervision before the White Paper's publication. But the delay has not meant the profession has "missed the boat," Health Minister Tony Newton has told *C&D*.

Mr Newton said: "We are putting forward in the White Paper lines of advance that we wish to negotiate. So there is scope for supervision to be discussed alongside the broader issues."

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'Money now for health promotion'

Limited proposals in the Government's primary health care White Paper for the expanded role for pharmacists received a cautious welcome from Pharmaceutical Services Negotiating Committee vice-chairman David Coleman on Sunday.

Mr Coleman told the Essex Local Pharmaceutical Committee Conference in Chelmsford that he welcomed allowances to contractors for residential home work and patient records, but he said money should be available immediately in other areas if pharmacists are to fully play their part in health promotion.

"It is stated that the Government will promote changes which will help provide patients with a better service and the public with greater value for money. And of course I agree, though I might ask who judges 'greater value for money'?" he said.

"I welcome the introduction of an allowance to contractors providing supervision of medicines in residential homes. It is long overdue, it will prove highly cost effective and beneficial to the health of residents. I look forward to urgent discussions on the matter."

Mr Coleman also welcomed proposals for an allowance for patient medication records. He was anxious OTC medicines be included on such records. "Discussions on this subject will need to be thorough, not only for the financial aspect relating to time, computer hardware and software, but also to considerations about data protection, and the patient's right to choose," he said.

Pharmacists were already displaying health promotion material, Mr Coleman said. He was pleased the Government is to make funds available to assist in their production, but he questioned any delay in resource allocation. "Preventing disease and encouraging health costs little compared with treating disease. If you are talking about value for money, the money should be available now."

Additional funds for continuing education are warmly welcomed, Mr Coleman said. "The White Paper says 'when funds are available' at the appropriate time. I assume the time is now." And he warned the Health Minister Tony Newton that any funding proposals for inner city pharmacies must not be a balance sheet shuffling.

The White Paper made much of the need for changes in supervision. Discussions continue and patient safety must come first, Mr Coleman said. "The ready availability of the pharmacist is essential, and many of the additional role elements are best seen in the light of a second pharmacist being present. This has to be encouraged, even if for smaller pharmacies it is on a part-time basis. There is a strong case for an additional pharmacist allowance to be part of our contract, the labour cost inquiries show a figure for second pharmacists and this money should surely be paid out, firstly to those who actually employ them. Any extra costs involved by the encouragement of second pharmacists would represent excellent 'value for money'."

Mr Coleman welcomed the coming availability on prescription of blood glucose test strips, but he was disappointed that new wound treatments would be allowed "when resources allow". "For a patient to be discharged from hospital into the community and told that the GP cannot prescribe continuing treatment seems incomprehensible," he said. "In value for money terms alone the new treatments, by speeding up return to full health and cutting down on re-admissions, make sense. Patients should be entitled to the most up-to-date dressings and appliances available, not tied to a list apparently years out of date." He supported a move towards a nurses formulary with a limited ability to prescribe.

Mr Coleman acknowledged the problems of rural areas, but he reiterated the profession's belief that residents in rural areas should have a service matching in quality and comprehensiveness that provided in urban areas. At the primary health care meeting in Norwich, Baroness Trumpington had asked how pharmacists could provide such services. "I replied that we would consider all ways — such as mobile and part-time pharmacies — to be in contact with the patient to ensure they obtain maximum benefit from the medicines prescribed," Mr Coleman said.

Mr Coleman said that PSNC supported the Clothier legislation, but the present system where many pharmacies are restricted to dispensing only for those patients living within a mile of the pharmacy is anachronistic, expensive and wasteful of resources. He also felt that



David Coleman, PSNC vice chairman

applications were taking too long. "It would be quite wrong it one party or another felt that by causing delays the applicant's permission could be frustrated.

Mr Coleman said he was horrified by "a lunatic fringe" of doctors "who see nothing wrong in playing on the fears of patients in order to denigrate the pharmaceutical profession".

Concluding, Mr Coleman said that of all the professional groups working to maintain and improve the health of people, the pharmacist is the most accessible. "If we are to contain the volumes of medicines supplied, we must encourage health education, we need to guard against adverse reactions, we need to help patients spot early the signs of danger, hence urine testing, blood pressure and cholesterol level monitoring. When patients are ill we need to see they get the best value from their medicines — some say 50 per cent of inhalers are wasted — they take their tablets at the right time, and they complete the course."

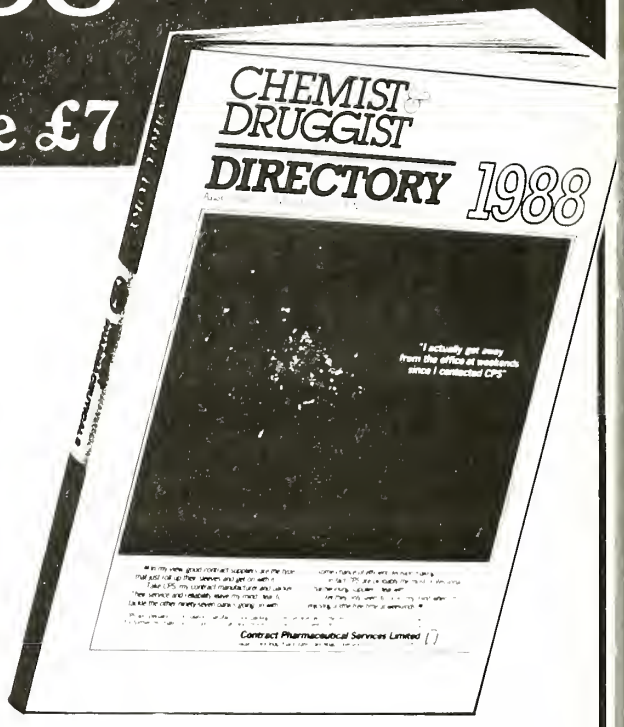
He pleaded with doctors to consider the wisdom of their actions in prescribing large quantities, and he called on the Government to consider again PSNC's suggestion of a "triple repeat" prescription form.

"We must insure, together with the DHSS, that our remuneration system rewards those who provide the extra services, and provides an incentive to improve. We must avoid over averaging which levels down rather than lifts up the service," Mr Coleman said. "We must ensure a service that provides incentives to the highest standards of patient care and needs — and that at the end of the day puts patients first."

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Griffin outlines career moves

The pharmaceutical industry ploughs back 18 per cent of its turnover into research. It is also the third largest export earner for the UK, contributing nearly £1 billion to the balance of trade each year, ABPI director Dr John Griffin told pharmacy students at the prizegiving for Queen's University, Belfast.

The industry is an area of major opportunity for pharmacy graduates with excellent career prospects. With three of the best selling medicines worldwide invented in the UK, the industry offers a real future, he said.

Hospital pharmacy practice had changed dramatically over the last decade, with almost a complete cessation of manufacturing. However, clinical pharmacy specialities offer a future.

It was, however, to community pharmacy that most would graduate, suggested Dr Griffin. "This is an area which is in flux. However, friction tends to develop at interfaces; the public are concerned about safety of medicines and politicians often reflect this to curry favour. Risk-benefit is currently a favourite phrase but if you don't like the risk of medicine then try the risk of disease, or the benefit it conveys," he said. "The role of the community pharmacist must therefore be one of information."

The pharmaceutical industry will move to original pack dispensing within the next few years and tamper avoidance will be the order of the day, predicted Dr Griffin. Packs will carry patient information inserts, but patients will want more information and product liability laws demand that they get it.

GPS had to reassess their role in the early 1950s and it took them 25 years. "Pharmacists, likewise, will have to redefine their role in the community; what they will end up doing will largely depend on your generation," Dr Griffin said.

Queen's success

Some 48 students graduated with BSc honours in pharmacy from Queen's University of Belfast in the past academic year.

Six had gained first class honours, 27 gained second class honours (first division), and 15 were awarded second class honours (second division). Seven graduates had been awarded higher degrees and three had been awarded an MSc in hospital pharmacy. PhDs had been awarded to Siobhan Bell, Clare Passmore, Kate McClelland, Norman Morrow, Abdulla Yahya (Bahrain), E.F. Karim (Sudan), and an MSc to Lamek Chagonda (Zimbabwe). The hospital pharmacy degrees were awarded to Anna Kelly, Andre McCollum and Alan Weir.

The higher degrees reflected interest from overseas; seven new postgraduates students had recently joined the department and four came from overseas. This brought the total of postgraduate students working in the department to 23.

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Getting it on record

Patient records are an under-utilised option in most dispensaries, but could take a much higher profile bearing in mind the Government's White Paper on primary health care. Peter Clarke (right), a community pharmacist from Dorchester, is a patient records fan, and explains the advantage he sees from keeping them.



"If there could be said to be an average pharmacy, I suppose mine would be close to being it: situated in a suburban parade in a residential area, with average turnover, a 70:30 NHS to OTC split, prescriptions about the national average, and one or two assistants in the dispensary, etc.

I am not gadget-minded and while we have a video at home it was installed only this year. Computers would rate low down on my list of priorities unless I felt that they were good for my business, our customer patients, and then, logically, me. Like so many pharmacists, I ventured into the computer age with a simple order entry terminal, and after a year or so advanced to a twin floppy diskette. This provided, in addition to the other facility, a simple label printer, and in time, software for patient records and prescription statistics (provided by Vestric and the early Link systems).

In 1986, I part exchanged a Link II 8-bit ICL twin floppy for a Link III Winchester drive hard disk system which was easy for the staff, even for me, to cope with, using previous Link experience. The result is that nowadays I hold prescription records for around 4,000 patients, of whom about 90 per cent probably are regular; records which are continuously being referred to, are often much to the patients' benefit, and are appreciated by most customers. There is a definite aura of reassurance both for us and "them" that we are able to check back.

Statistics are to be avoided if possible, but the programme allows the monthly usage of selected products to be analysed and, more interestingly, the total ingredient cost of all the items in a month. To do this effectively, it is essential to key into the data file and details of prices and pack sizes of some high cost items like ostomy and urinary applicances, CD's and even some dressings, to ensure that the monthly usage figures are realistically accurate. Needless to say it provides a useful tool to compare actual costs with those sent from the FPC with the monthly cheque!

Ideally, one should update all prices as they alter, but in practice this is not really a problem, and with the hard disk, it is very quick to amend both product and patient information. There is sufficient room on the hard disk to add a word processor program and also a Micro Simplex accounts program which I use for the shop accounts.

I must compliment Vestric on promoting the patient record aspect, now used by several hundred pharmacists. It is only a pity such an idea is not more universally pursued by community pharmacists. If thousands of pharmacies were equipped to maintain patient records then patient registration, sought by most of us as an option, will follow. It is inevitable, so the sooner other wholesalers who have pharmacy's interests at heart encourage and facilitate the availability of patient record programs, the better.

As to the ease of its use, a 17 year old trainee dispensary assistant who started with us 10 weeks ago is now fully conversant with the program and uses it as well as those with two years' experience. It is very rare for us to use the hot line for assistance nowadays".

IPU coordinate teleordering

Things are done differently in Ireland, at least when it comes to ordering from wholesalers. Michael Doherty, consultant to the Irish Pharmaceutical Union, explains how it now has authority to issue its own EAN codes.

For many years the Irish Pharmaceutical Union has taken an active role in the application of computers to community pharmacy. Recently we have concentrated on their use for teleordering and point of sale. Since 1985 a dialogue has been in progress with wholesalers to ensure that such developments are mutually beneficial. We accepted teleordering as a means whereby routine ordering could be automated and telephone conversation restricted to non-routine matters.

Talks with wholesalers culminated, in early 1987, in IPUComms v2, a document specifying a teleordering protocol and the use of EAN codes to identify products. The final working stages in this project were notable for the spirit of co-operation on the part of wholesalers, both in trying to meet the Union's priorities and in making the adjustment necessary to meet their colleagues' requirements. All Irish wholesalers have agreed to abide by IPUComms v2, and to cease the use of other protocols by an agreed date.

The use of EAN codes is based on a unique agreement with the Article Number Association of Ireland which allows the Union, under specified conditions, to allocate EAN numbers (to be used in teleordering only) to product which are not yet bar-coded by the manufacturer. This requirement will disappear as EAN codes become universal. We are developing and maintaining a database of EAN codes for all products sold in pharmacies. This currently stands at 18,000 lines. Products which wholesalers carry and which are not on the database are at present being processed. Life will get much simpler when all manufacturers supply EAN codes.

At present wholesalers are altering their systems to cope with EAN codes as well as their own in-house codes or other codes, such as PIP, which they currently use. They are also making the necessary changes to implement the agreed telecom protocol. They hope that teleordering will free staff to engage in promotional activities rather than in a routine order-taking role.

The easier access offered by the use of standard systems will ensure that the pharmacist can access a number of wholesalers — a desirable outcome for him. In addition an essential step in the utilisation of scanning will be in place as the use of bar-codes at POS commences. This will lead to much tighter stock control and hopefully more profitable management of pharmacies as well as making more time available for patient counselling and professional duties.

In-Store Pharmacy Ltd forced to close down

Following action by both Unichem and AAH, In-Store Pharmacy Ltd have been compulsorily wound up.

The Companies Court, Royal Courts of Justice, London, were told Unichem, despite making demands, had not received over £46,000 trading debts from In-Store Pharmacy Ltd. The monies were owed by three of the company's branches in East Anglia; two in Norwich and one in Bury St. Edmunds. They stopped trading earlier this year.

And AAH, whose subsidiary Statim Finance had guaranteed a £120,000 bank loan, for In-Store Pharmacy Ltd requested a receiver be appointed in July to deal with the company's other four units; in Staines, Redhill, Bracknell and Woolwich. Those units have now been sold to another company, Measure Skill.

"Proceeds from this sale should be more than enough to pay the bank, which will be a preferred creditor," Bill Revell, AAH's pharmaceutical director, told *C&D*. "We understand it will be paid in full."

Unichem, however, do not hold out much hope of receiving the money they are owed.

A spokesman for In-Store Pharmacy confirmed the business was now in the hands of receivers but had no comment to make on any future plans.

The petition to wind up the company had been advertised in the *London Gazette* and served on the company at its registered office in Bridge Street, Maidenhead.

And on a personal note...

British women use twice as many personal care products as men, says a new report released from Taylor Nelson Research and the Association of Market Survey Organisations.

The report reveals that on average women use hair, teeth, washing and cosmetic products some 15 times a day, whereas men only use such products seven times daily.

Almost two-thirds of women use hair treatments such as mousses, gels or sprays, compared with only 22 per cent of men, says the report, and while the majority of women (85 per cent) use a hairdryer, 50 per cent of men claim they never blow-dry their hair. Over 50 per cent of womens' hair washing take place between 5am and 10am, while men leave this task until after 5pm.

The time devoted by women to their hair is reflected in what they think of it. One quarter of the female population believe that their hair damages easily compared with a mere six per cent of men, and almost a third of women dye their hair in some way compared with only three per cent of men. But men were more concerned about scalp problems, with 32 per cent saying they were prone to dandruff.

Both sexes wash on average twice a day (excluding hand-washing solely). Similarly most people use toothpastes or gels on average at least twice a day, with early morning and bedtime accounting for 80 per cent of brushing. Less than 10 per cent of occasions on which people brush their teeth occur during the daytime so few actually do so after meals, as advised by dentists. However the report says women are more likely to brush their teeth shortly after eating than men.

But women's concern for their teeth was apparent by visits to the dentist — 64 per cent of women claiming to have visited in the last six months compared with only 51 per cent of men. *Personal Care, Granard Communications, Rex House, Lower Regent Street, London W1.*



David Trippier, MP, Parliamentary Under-Secretary of State at the Department of the Environment on a tour of Thomas Kerfoot & Company's factory at Ashton-under-Lyne. He is pictured here (left) meeting chairman Leigh Kerfoot right with (left to right) Counciller Oldham, leader of the local Tameside council, Robert Sheldon MP, Ashton-under-Lyne, councillor Clarke, Tameside Council. During the tour the party discussed the generic industry and local employment

Banfi vs Beauty International

Banfi Ltd have started proceedings against Beauty International Fragrances Ltd.

A writ was issued and served on the company on October 30, with a claim for a sum of more than £2.6m as a result of misrepresentation and breaches of contract, say Banfi. The two companies entered into a distribution agreement for hair care products in 1986.

Beauty International are denying the allegations and have raised a counterclaim for an unspecified sum, arising out of the termination of the agreement. Banfi have, in turn, denied this. The case is expected to be heard at the end of this month.

Shulton shuffle

Shulton have reorganised their marketing staff and appointed a new national accounts manager of independent chemists.

Moves in marketing designed to strengthen brands involve David Campbell's promotion to general manager and Ian Buchanan taking his place as marketing director. Nick Cohen has been appointed area director for Holland and the UK, becoming responsible for all European manufacturing.

Brent Shakeshaft has been promoted to brand manager for Prestige and Kate Appleby joins as assistant brand manager for the product. Gay Myatt has joined Shulton as product manager for Old Spice and Robin Gofton as assistant brand manager for Blue Stratos.

In sales, Hugh Payne-Lawrey has been appointed national accounts manager for independent chemists.

UK approval for Glaxo's Volmax

Glaxo have received Department of Health approval for the marketing of Volmax, a long-acting controlled release tablet formulation of salbutamol.

Volmax will be marketed in the UK by the Glaxo subsidiary Duncan Flockhart & Co Ltd, and is expected to be available sometime in the first quarter of next year. It is already available in Denmark and Glaxo is hoping for approval in the U S and the rest of Europe in 1988.

Business rates: CBI lobby for alternatives

The CBI are continuing to lobby the Government to adopt their alternative proposals for business rates.

Local Government Minister Michael Howard has told the CBI that the proposals do not conform to their manifesto commitments and that those businesses who feared the worst, like a sixfold increase in their rate bills, had not understood that the Government did not propose to raise more money in real terms by the new business rate.

The CBI, however, still believe the Government's plans are unsatisfactory, and while they know they cannot tackle changing the poll tax proposals, they say their members will continue to lobby MP's for change.

They believe it is unsatisfactory in that businesses will be paying £2bn a year for services of no benefit to them; links between businesses and authorities will be weakened; and waste and inefficiency will be reflected in the level of the uniform business rate. They note that at this time industry needs funds to put back into training, research and development.



Glaxo have volunteered £8,000 towards a community project. Richard Branson, chairman of the co-ordinating group for voluntary work, UK 2000, is pictured here (right) receiving the cheque from the managing director of Glaxo Export, Kenneth Goodman. The money will be used by volunteers to transform a derelict factory in Kings Cross into an action centre and training base

The CBI propose businesses would contribute, via business rates, towards 75 per cent the cost of only those services from which they directly benefit, including further education, police, road maintenance, refuse collection etc. The Exchequer would make grants to cover national services like schools and child care, and council houses and leisure services would be self financing. They have calculated their proposals would cost £450m less than the Government's.

The Government has agreed to follow up concerns over local authority accountability to business, efficiency gains and the method of transition to the new rate, and the possibility of increasing the level of the UBR by less than the rate of inflation.

Safety at home

"Keep them safe" is the slogan for a Government campaign launched this week aimed at cutting the 10,000 children under five years old rushed to hospital each year after swallowing or suspected swallowing of household chemicals.

The campaign is the first in a series announced recently by Consumer Affairs Minister Francis Maude, aimed at reducing accidents in the home.

Legislation has already been introduced to help reduce accidental poisonings. For example, from December 1 all toxic or corrosive household chemicals will be required to be sold in containers with child resistant closures.

"But the law can only be a long stop — parental vigilance must be the first and main line of defence," Mr Maude stressed when he launched the campaign. To emphasise this to parents an education campaign under the "Keep them safe" banner is to be run, mainly through health visitors, backed up by a national poster and leaflet campaign.

Pharmacists can obtain copies of guidelines for health professionals from Francoise van Buuren, Epigram Associates Ltd, 56 Buckingham Gate, London SW1E 6AH.

Act upon it

The Consumer Protection Act aims to encourage changes in business to reduce the number of defective products reaching the market place, says Francis Maude MP, Under Secretary of State for Corporate and Consumer Affairs.

Mr Maude was speaking at the launch of a new book "Safer by Design". It deals with the Consumer Protection Act 1987, which comes into force next March. This will mean the consumer will no longer need to prove negligence — the burden will lie with the producer or importer of the defective products. Costing £14.95, the book is written by Howard Abbott and published by The Design Council, 28 Haymarket, London SW1Y 4SU.

World ski cup

The next World Ski Cup for Pharmacists and Doctors will be held at Meiringen-Hasliberg, Switzerland, March 5-12, 1988.

There are slalom and cross-country events and competitors are grouped according to age and sex. Package deals from about £225 are available in the resort, covering half board hotel accommodation for seven nights, ski pass and gala dinners. Details from Madame Dominique Lecaillon, 15 Rue Armonville, F-51 100 Reims, France.

Monday, December 7

East Metropolitan Branch, Pharmaceutical Society, 7.30pm, the Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, E11. Discussion on Council's provisional response to the Nuffield Report.

Tuesday, December 8

East Kent Branch, Pharmaceutical Society, Kent post-graduate medical centre, Kent & Canterbury Hospital, Canterbury. Dr Gibson, J&C Hospital on "Forensic Pathology".

Fife Branch, Pharmaceutical Society, 7.45pm, Anthony's Hotel, Kirkcaldy. Mr F.H. Oliver, FPS on "Food and Disease".

Lanarkshire Branch, Pharmaceutical Society, 8pm, the Old Mill Hotel, Motherwell. G.M. Turner, MPS, on "The World of Gems".

Wednesday, December 9

Isle of Wight Branch, Pharmaceutical Society, 7.30pm at the Postgraduate Medical Centre, St Mary's Hospital, Newport. Dr Allen Insole on "Early Medaeval Manuscripts, especially herbals and medical books". Christmas meeting and a contribution of food requested. Drinks provided. Visitors welcome.

Thursday, December 10

Eastbourne & District Branch, Pharmaceutical Society, 8pm, the post-graduate medical centre, District General Hospital, Eastbourne. Andrea Coverdale, Unipath Ltd, on "Pregnancy and Ovulation Tests".

Glasgow & West of Scotland Branch, Pharmaceutical Society, 7.30pm, the Staff Club Music Room, University of Strathclyde for "Wine Social".

Manchester, Salford & District Branch, National Pharmaceutical Association, annual dinner, 7.30pm, the Red Rose Suite, Lancashire County Cricket Club, Old Trafford, Manchester. Guest speaker Mr Alf Morris, MP, Wythenshawe on "The possible expanded role of the pharmacist in the field of disabled and handicapped and the future involvement of the pharmacist in primary health care". Tickets (£11.50) available from Secretary, Paul Benson, 280 Barlow Moor Road, Chorlton, Manchester M21 2HA.

Friday, December 11

Isle of Wight Branch, Pharmaceutical Society
Christmas dinner, 7.30pm at Bonchurch Manor, Bonchurch Street, Ventnor. Cost £11. Those wishing to attend should contact Tony Stratton at 132 High Street, Ryde today, December 5.

Advance information

British Homoeopathic Association, Weekend Study Course in Homoeopathy Pharmacy, February 27-28, the Victory (Services) Association Ltd, 63-79 Seymour Street, London W2 2HF. Cost: £40, including morning coffee, lunch for the two days. Accommodation: £15 per night. Further details from The General Secretary, The British Homoeopathic Association, 27a Devonshire Street, London W1N 1RJ.

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NPA man fills PSNC vacancy

The Pharmaceutical Services Negotiating Committee has appointed the National Pharmaceutical Association's Mike King (right) as assistant secretary following the death of Peter Boardman in October (*C&D*, October 23, p710).

Mr King, currently local organisations officer at Mallinson House, expects to join PSNC at its Aylesbury headquarters sometime in February. He will assume responsibility for PR activity, the working of Pharmacy Practice Subcommittees and Rural Dispensing Committee affairs. Mr King has previously worked in retail and in the marketing and sales division at Glaxo. He joined NPA in 1981. Mr King told *C&D* he was looking forward to the challenges of his new appointment.

And Dr Gordon Geddes, formerly personal assistant to PSNC chief executive Alan Smith, has been promoted to assistant secretary. He has taken over the running of the National Prescription Research Centre and is secretary to the computer and technical subcommittees. Dr Geddes joined the PSNC in 1984 from his position as director of the Unit for Research into Drug Usage at Heriot Watt. He too is looking forward to the new job but says it is tempered by the sad loss of Mr Boardman.

NAPD chairman

Mr Douglas Low, managing director of John Hamilton Pharmaceuticals Ltd of Glasgow, is the new chairman of the National Association of Pharmaceutical Distributors.



Mr Low says he will be celebrating 25 years with John Hamilton in 1988 "though I don't know whether you use the word 'celebrate' in pharmaceutical wholesaling these days. After 25 years, nobody can accuse me of seeking the job," he said. He succeeds Mr Barrie Thompson, who died unexpectedly at the end of October.

Replacing Mr Low as vice-chairman is



David Walker, Unichem's management service director. Director Oswald Logan commented: "I am personally delighted on behalf of the association that Unichem has taken office in the NAPD for the first time."

At the Ritz

Revlon have appointed Teresa Townsend as Charles of the Ritz's managing director, the first to hold the position since the company split from Yves St Laurent in October.

Ms. Townsend was previously marketing director — Europe for Giorgio Beverly Hills. Reporting to Ms. Townsend is the newly promoted marketing director Linda Guest.

Beecham Group are appointing Stephen Crompton to the newly created position of director of treasury. When he joins the company in the New Year from Unigate where he is currently group treasurer he will be working with James George who will change his title from group finance manager to deputy treasurer. Michael James is being promoted to director of finance (operations), to take the place of Paul Fishburn who is retiring.

Kodak: Andrew Bailey has been appointed a mini-lab representative in Kodak Photofinishing Systems Division covering the South East corner of England.

Scholl UK: Jane Long has been promoted to group hosiery product manager with responsibility for the Lite Legs brand and NHS hosiery marketing activity.

Addis: Mark Howard has been appointed marketing manager for Wisdom dental products and Martin Lancaster has been appointed national account sales manager for health & beauty division.

Konica UK Ltd: Mark Evely has been appointed UK field sales manager for colour paper products. John Scott, UK field sales manager — photofinishing equipment.

A Victorian lot under the hammer

A Victorian pharmacy with 20,000 relics was up for auction this week as one lot. The owner, Geoffrey Guy, bought the shop in 1985 from Egbert Dwelly who had maintained many of the features that had been in the shop since 1800.

Among the items it features are a Victorian counter and display cabinets, Victorian cast iron scales, gas light shades and stoneware jars. The collection of pharmaceutical books dates back to the 1860s and various advertisement cards remain from the 1920s.

The overall size of the shop floor is about 25sq m. The walls are lined to the ceiling with orginal mahogany and behind the shop on the ground floor is a storage room, with a stockroom above.

The Pharmhands

These three Reckitt & Colman employees have found themselves company celebrities of late, having appeared on Masterteam, the BBC game show hosted by Angela Rippon.

"The Pharmhands", namely Heather Hodgson (supply controller), David Wilson (health & safety officer, pictured left), and Martin Ferris (assistant analyst)



were one of 60 teams picked out of 400 entrants in the Summer to take part in the team show, based on Mastermind. In the first round shown last month, filmed at the BBC Greenwood Theatre in London, they won three games, making them silver medallists, but found themselves knocked out in the fourth by air traffic controllers from Heathrow. On the leader table, however, they may be eligible for quarter finals in December.

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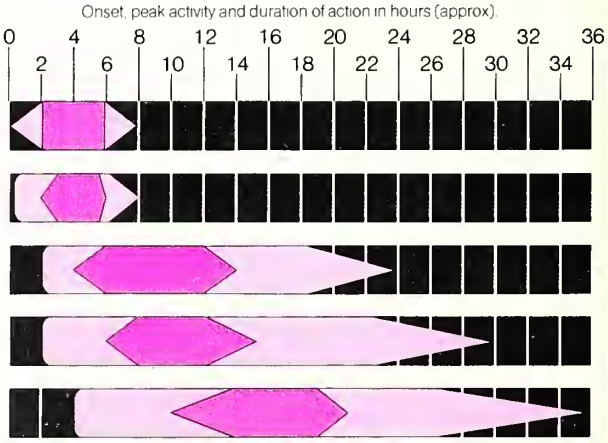


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